

Biller “B” Aware Archive Contents

2009-2016

2016	4
December	4
November	5
October	6
September	9
August	11
July	13
June	16
May	18
April	20
March	21
February	22
January	23
2015	25
December	25
November	26
October	27
September	29
August	29
July	31
June	32
May	33
April	34
March	35
February	36
January	37
2014	39
December	39
November	40
October	40
September	41
August	42
July	42

June.....	43
May.....	44
April.....	45
March.....	46
February.....	47
January.....	48
2013.....	49
December.....	49
November.....	50
October.....	50
September.....	51
August.....	52
July.....	53
June.....	53
May.....	54
April.....	54
March.....	55
February.....	57
January.....	57
2012.....	58
December.....	58
November.....	59
October.....	59
September.....	61
August.....	61
July.....	61
June.....	62
May.....	63
April.....	64
March.....	64
February.....	65
January.....	66
2011.....	67
December.....	67
November.....	68
October.....	69

September	71
August	71
July	73
June	73
May	75
April	75
March	76
February	76
January	77
2010	78
December	78
November	78
October	78
September	79
August	79
July	80
May	81
April	82
March	83
February	84
January	85
2009	85
December	85
November	85
October	87
September	88
August	90
July	90
June	91
May	91
April	92
March	93
February	93
January	94

2016

December

December 22, 2016: Attention ALL Providers: CHAMPS Document Management Portal (DMP) and CHAMPS Archived Documents function issues have been resolved and both should be functioning as expected. We apologize for any inconvenience.

Providers still experiencing problems should contact Provider Support by phone 1-800-292- 2550 or by email ProviderSupport@Michigan.gov

December 20, 2016: Attention ALL Providers: CHAMPS Document Management Portal (DMP) and CHAMPS Archived Documents function are currently experiencing issues. MDHHS is working to resolve this issue and an additional notification will be posted when resolved. We apologize for any inconvenience.

December 20, 2016: Attention Free Standing Dialysis Centers: MDHHS has identified a system issue causing claims for dialysis services to inadvertently deny with CARC A8. The CHAMPS system is not setting the correct status indicator when reporting a pass through or non-pass through drug or biological along with an OPPS payable procedure when billing for dialysis services. This is projected to be fixed in a system release scheduled for 03/24/2017. At that time, MDHHS will recycle affected claims. MDHHS apologizes for any inconvenience this may cause.

Providers with further questions can contact Provider Support by phone at 1-800-292-2550 or email ProviderSupport@Michigan.gov

December 20, 2016: Attention All Providers: Due to planned 2016 year-end system maintenance activities, the CHAMPS system will be down between 8:00 PM Saturday, December 31, 2016 through 12:00 AM Sunday, January 1, 2017. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

December 13, 2016: Attention Hospice Residence Facilities with Licensed-Only Nursing Facility Beds: Reimbursement of room and board for Medicaid-eligible beneficiaries should be submitted on a separate claim from other charges. Please be reminded to report the taxonomy code 315D00000X on these Hospice Residence room and board services only. Other services should be billed on a separate claim with no reported taxonomy code.

December 12, 2016: System Outage: Due to a system release, the CHAMPS system will be down between 7:00 PM Friday, December 16, 2016 through 6:00 AM Saturday, December 17, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

December 07, 2016: Attention Nursing Facilities: To reduce the unnecessary duplication of CHAMPS-based Michigan Medicaid Nursing Facility Level of Care Determinations (LOCD), MDHHS is instructing providers to open the LOCD LIST page and utilize FILTERs before conducting another LOCD to determine if an online LOCD already exists for a beneficiary.

FILTERS:

Filter first by the beneficiary's First Name. Including the wild card (%) after the first name will provide better search results. The second filter is the beneficiary's Last Name. Again, include the wild card (%) after the last name to bring back the best results. Select 'ALL' from the drop-down arrow, then select GO. All LOCDs conducted for a beneficiary, including Active and Inactive LOCDs, will be listed.

MyInbox > LOCD List

If your search does not provide expected results, filter by First Initial for both the first and last name, and use the wild card (%) before and after each initial (Example: Last Initial %H% and First Initial %L%).

December 5, 2016: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, December 10, 2016 through 9:00 AM Sunday, December 11, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

November

November 23, 2016: Attention LTC Providers: MDHHS received notification this morning that LTC provider's November 2016 monthly interim Quality Assurance Supplement (QAS) Payments, scheduled for payment this week, has been delayed one week due to a processing issue within CHAMPS. These interim monthly payments has now been processed and sent to Treasury for warrant generation dated December 1, 2016. The payments will appear on the provider's Remittance Advice and FD 622 Report for pay cycle #48 dated Thursday, December 1, 2016. MIP providers will receive both their MIP payment and their November interim QAS payment on this pay cycle.

We apologize for the late notification and the payment delay.

November 23, 2016: Attention Ambulance Providers: Effective for Dates of Service (DOS) on or after October 1, 2016, CMS has assigned Medically Unlikely Edits (MUE) to procedure code A0425 with a value of 250. For ambulance runs requiring over 250 miles, prior authorization (PA) from the Medicaid Program Review Division will be required for the entire run. Ambulance runs billed in excess of 250 miles without PA will deny with CARC 273 and RARC N362. Mileage can only be reimbursed for loaded miles. Refer to [MSA 16-16](#) for PA requirements for Medicaid-enrolled providers.

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov

November 21, 2016: Attention Providers: MDHHS Third Party Liability (TPL) is in the process of receiving the National Roster File directly from Delta Dental via the PA593 format. Effective December 1, 2016, coverage that is received from Delta Dental will be loaded directly into CHAMPS. TPL has received written notification that the Delta Dental PA593 is considered to be the record of source. Therefore, if a provider contacts MDHHS regarding coverage that loaded via the PA593, MDHHS will be informing the provider to contact Delta Dental.

November 17, 2016: System Outage: Due to MILogin system maintenance, the CHAMPS system will not be accessible between 8:00 AM and 12:00 PM on Sunday, November 20, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

November 7, 2016: Attention Medicaid Fee-For-Service Skilled Nursing Home Providers: This is an update to the message posted on November 3, 2016 regarding a system issue causing claims received on and after November 1, 2016 to suspend. MDHHS has corrected the issue and all affected claims will be recycled.

November 7, 2016: System Outage: Due to maintenance, the CHAMPS system will be down between 6:00 PM Saturday, November 12, 2016 through 9:00 AM Sunday, November 13, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

November 3, 2016: Attention Medicaid Fee-For-Service Skilled Nursing Home Providers: MDHHS has identified a system issue causing claims received on and after November 1, 2016 to suspend. MDHHS is currently working to remedy the issue and once completed, affected claims will be recycled.

November 2, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers: As a reminder, when billing for Room and Board, the service line from and to date (if reported) must match that of the claim header from and through dates and be reflected in the units billed. Please ensure the room and board revenue code being billed for the resident is accurate for the bed type as MDHHS is seeing an increase of both Revenue Code 0110 and 0120 being billed on two separate claims for same beneficiary and same/overlapping services dates. These claims will be denied or recouped if paid incorrectly. For further clarification please refer to the National Uniform Billing Committee (NUBC) Manual when preparing Nursing Facility room and board claims.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov.

November 1, 2016: Attention Hospital Providers: Effective 10/01/2016, 2,400 new diagnosis codes and more than 4,300 new PCS codes have been loaded into the CHAMPS system.

Outpatient hospital providers may notice an increase in OPPS claim denials with Claim Adjustment Reason Codes (CARC) A8 and 146 for dates of service on and after 10/01/2016 when using any of these new diagnosis codes. MDHHS asks for your patience as it loads grouping and pricing software for the 4th Quarter 2016 OPPS Outpatient claim type.

Inpatient hospital claim types may notice an increase in APC/DRG claim denials with CARC A8 for discharges with dates of service on and after 10/01/2016 when using any of the new diagnosis or surgical procedure codes. MDHHS ask for your patience as it loads Grouper Version 34 software.

Providers are reminded to use diagnosis coding to the highest level of specificity. Projected implementation date for the 4th Quarter 2016 OPPS and Grouper Version 34 software is Mid November 2016. All claims affected by these diagnosis coding denials will be reprocessed and notification of such action will be made in the near future.

Providers with further questions can contact Provider Support by email at ProviderSupport@Michigan.gov.

November 1, 2016: System Outage: Due to system updates, the CHAMPS system will be down between 7:00 PM Friday, November 4th, 2016 through 2:00 AM Saturday, November 5th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

October

October 19, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers: Effective October 17, 2016 providers emailing MDHHS Provider Support for Level of Care Determination (LOCD) inquiries will receive a Service Request (SR) Number and information on how to check the status of their inquiry [online](#).

This [LOCD Status Inquiry](#) will be updated each Monday beginning Monday October 24, 2016 and will provide the SR Created on Date, Facility NPI, SR Status (Open/Closed) and Disposition (Approved/Denied/Pending/Documentation Requested). If Final Disposition is DENIED, Provider Relations will contact you with further details.

The LOCD Status Inquiry is being implemented to effectively allow providers to check the status of their own inquiry without contributing additional LOCD inquiry volume to Provider Support. Provider Support will have no additional information related to these LOCD inquiries. Please allow up to 45 business days from the SR Number Created Date to status your LOCD inquiry. Thank you for your continued patience.

October 19, 2016: Attention Providers: Due to server system maintenance, the CHAMPS File Transfer application will be down between 5:00 PM Wednesday October 26, 2016 through and 12:00 AM Thursday October 27, 2016. This down time will affect access to the File Transfer application the application should be accessible again on October 27, 2016. We apologize for any inconvenience.

October 18, 2016: System Outage: Due to MILogin system maintenance, the CHAMPS system will be down between 7:00 AM and 1:00 PM on Sunday, October 23, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

October 13, 2016: Attention Inpatient Hospital Providers: [MSA Bulletin 15-30](#) announced the MDHHS conversion of the inpatient reimbursement episode of care grouping structure from the MS-DRG system to the APR-DRG system. This bulletin informed providers final APR-DRG relative weights, Hospital DRG rates, per diem rates, and cost to charge ratios would be published on the MDHHS Inpatient Hospital website at www.Michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Inpatient Hospitals. MDHHS uses the APR-DRG Grouper Version effective nationally on October 1, 2015, with updates to the most recent version schedule to occur annually on October 1.

MDHHS is currently working to post the APR-DRG Grouper Version 34 technical information to our website and will notify providers with an update as soon as the information is available.

Providers with further questions can contact Provider Support by email at ProviderSupport@Michigan.gov.

October 13, 2016: Attention Providers: MDHHS has scheduled an enhancement to the Document Management Portal effective with the next release on December 16, 2016. The system will be updated to accept documents up to 30MB size so that users can upload one single document rather than sending multiple documents. The Predictive Modeling Medical request letter will appear attached to the TCN in CHAMPS as well as in the archived documents of the providers NPI#. The View Message Icon will be hidden if there is no message attached to the documents and only appear if there is a message. Providers with further questions can contact Provider Support by email at ProviderSupport@Michigan.gov.

October 12, 2016: Attention Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov.

October 5, 2016: Attention Ambulance Providers: UPDATE: MDHHS is rescheduling the Ambulance provider virtual training to December 8, 2016 from 10:00-11:00 AM. This training will present important topics and updates, including:

- Referring/ordering provider
- Prior Authorization
- Medicaid code and rate reference guide including definitions
- Air Ambulance
- Neonate transports
- Multiple runs per beneficiary on same DOS
- Emergent and Non-emergent transports
- Non-transports

Please visit our [Medicaid Provider Training](#) page to register.

October 5, 2016: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, October 8th through 9:00 AM Sunday, October 9th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

October 4, 2016: Attention Providers: The Core 270/271 real-time eligibility transaction timeout issue has been resolved. MDHHS will continue to monitor the system. We apologize for any inconvenience. Please contact Automatedbilling@Michigan.gov with any further questions.

October 4, 2016: Attention Providers: The CHAMPS system has been experiencing connectivity issues affecting real-time 270/271 transaction processing. MDHHS is working to analyze this issue and will continue to monitor the system. We apologize for any inconvenience. Please contact Automatedbilling@Michigan.gov with any further questions.

October 4, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers: As relayed in the MDHHS messages dated August 23, 2016 and September 21, 2016, claims will deny for Claim Adjustment Reason Code (CARC) B7 if the LOC 02 segment in the member's eligibility file does not match the nursing facility's National Provider Identification Number (NPI)/Provider ID on the LOCD. This is effective October 4, 2016. Please refer to letters [L 16-13](#), [L 16-16](#), and [L 16-53](#) for further information.

Providers with further questions can contact Provider Support at 1-800-292-2550 or email ProviderSupport@Michigan.gov.

October 3, 2016: Attention Inpatient Hospital Providers: This is an **UPDATE** to the message posted on September 26, 2016 regarding the MDHHS Inpatient Hospital Updates virtual training scheduled for October 6, 2016 from 10:00-11:00 AM. This training will present important topics and updates. The updated agenda is listed below:

- Eligibility Verification
- Top Inpatient Claim Suspend/Rejection Reasons
 - oTIPS how to resolve denials
- CHAMPS Recently Corrected Items/Impacts
- Policy Updates
- Questions
- Provider Resources

Please visit our [Medicaid Provider Training](#) page to register.

October 3, 2016: Attention Ambulance Providers: MDHHS is offering an Ambulance provider virtual training on October 13, 2016 from 10:00-11:00 AM. This training will present important topics and updates, including:

- Referring/ordering provider
- Prior Authorization
- Medicaid code and rate reference guide including definitions
- Air Ambulance
- Neonate transports
- Multiple runs per beneficiary on same DOS
- Emergent and Non-emergent transports
- Non-transports

Please visit our [Medicaid Provider Training](#) page to register.

September

September 30, 2016: Attention Providers and Trading Partners: This Sunday October 2, 2016 from 10:00 AM – 12:00PM, the SFTP/SSL connections will be replacing the current SSL certification.

Please refrain from submitting any files during this time. All must accept the new certification (fingerprint) prior to the submission of files. Please contact AutomatedBilling@Michigan.gov with any further questions.

September 30, 2016: Attention Providers: October 2016 is 'Breast Cancer Awareness Month' and the state is going "Pink" to raise awareness. As part of this effort, various screens and text within CHAMPS will appear pink, instead of the normal blue.

September 28, 2016: Attention Outpatient Hospitals: July 2016 Quarterly APC & ASC software was loaded into CHAMPS and MDHHS has begun to adjust claims that were processed under the previous quarter's software. In addition, MDHHS has begun adjusting claims with CPT codes G0477-G0483 with dates of service between January 01, 2016-March 31, 2016 that may have inadvertently paid \$0.00. These claims can be identified by the claim note "APC July 2016 quarterly updates. G04XX".

September 27, 2016: Attention Outpatient Hospital Providers: Effective September 30, 2016 MDHHS will change the error disposition from suspend to DENY for claims that are split billed, duplicates, or are not those approved by Medicare for repetitive billing. Current Medicaid policy [7.1.E Date of Service](#) requires all services for a single encounter be billed on one claim with the exception of the services outlined in policy. Claims can be identified with **CARC 97 - RARC M86**. The [claim limit list](#) function in CHAMPS can be utilized to identify the previously paid claim.

Providers with further questions can contact Provider Support at 1-800-292-2550 or email ProviderSupport@Michigan.gov.

September 26, 2016: Attention Inpatient Hospital Providers: MDHHS is offering an Inpatient Hospital Updates virtual training on October 6, 2016 from 10:00-11:00 AM. This training will present important topics and updates, including:

- Inpatient Authorization Requirements
- Prior Authorization/PACER/Transfers/15 day readmits/CSHCS
- Claim completion/3 Day or 1 Day Window
- Newborns
- Time limit Exceptions
- Audits/Rebilling rules

Please visit our [Medicaid Provider Training](#) page to register.

September 26, 2016: System Outage: Due to CHAMPS Release deployment, the CHAMPS system will be down between 7:00 PM Friday, September 30th 2016 and 2:00 AM Saturday, October 1st 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience.

September 21, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers: This is an update to the messages posted August 23, 2016 and September 12, 2016 specific to the importance of the Provider Identification (ID) number with the LOC 02 segment in the member's eligibility file and the facility who conducted the Level of Care Determination (LOCD).

Effective October 4, 2016 claims will deny for Claim Adjustment Reason Code (CARC) B7 if the LOC 02 segment in the member's eligibility file does not match the nursing facility's National Provider Identification Number (NPI)/Provider ID on the LOCD. Please refer to letters [L 16-13](#) and [L 16-16](#) for further information. MDHHS has also posted [L 16-53](#) dated September 2016 to provide additional information.

Providers with further questions can contact Provider Support at 1-800-292-2550 or email ProviderSupport@Michigan.gov.

September 20, 2016: Attention Nursing Facility Medicaid Fee for Service Providers: Medicaid letter [L 16-16](#) issued on April 28, 2016, informed nursing facilities that the Medicaid Enrollment Checklist was revised. The revision included a new MDHHS local office reminder regarding the submission of a revised MSA-2565-C by the facility if the facility's NPI/Medicaid Provider ID number changed. This checklist has been revised again to include a reminder that a revised MSA-2565-C must be sent to the local office for all current Medicaid residents and newly admitted Medicaid beneficiaries in the event of a change in a facility's NPI/Medicaid Provider ID number. The revised [Medicaid Enrollment Checklist](#) is posted online.

Providers with further questions can contact Provider Support at 1-800-292-2550 or email ProviderSupport@Michigan.gov.

September 15, 2016: Attention Providers: MDHHS Provider Relations has begun adding recordings of recently conducted virtual trainings on our [Medicaid Training](#) site. Recordings will continue to be added and providers are encouraged to check this site regularly to listen to past presentations or to register for upcoming scheduled virtual trainings.

September 12, 2016: Attention Medicaid Fee-For-Service Nursing Facility Providers: This is an update to the message posted August 23, 2016 specific to the importance of the Provider Identification (ID) number with the LOC 02 segment in the member's eligibility file and the facility who conducted the Level of Care Determination (LOCD).

Effective October 4, 2016 claims will deny for Claim Adjustment Reason Code (CARC) B7 if the LOC 02 segment in the member's eligibility file does not match the nursing facility's National Provider Identification Number (NPI)/Provider ID on the LOCD. Please refer to letters [L 16-13](#) and [L 16-16](#) for further information.

A MDHHS Medicaid virtual training entitled "Institutional Level of Care and Patient Pay" is scheduled for September 13, 2016, that will include information about this update. Please visit the [MDHHS Medicaid Training](#) site to register for this training.

Providers with further questions can contact Provider Support at 1-800-292-2550 or email ProviderSupport@Michigan.gov.

September 9, 2016: Attention Nursing Facility Medicaid Fee for Service Providers: Instructions for the Facility Admission Notice (MSA-2565-C) have been revised to indicate:

If there is a change in the nursing facility's NPI/Medicaid Provider ID number the local MDHHS office must be notified via a revised MSA-2565-C. A revised MSA-2565-C must be completed for all current and newly admitted Medicaid beneficiaries. The NPI field must contain the effective date of the NPI. An MSA-2565-C is not submitted for beneficiaries receiving hospice services in a nursing facility. The revised [MSA-2565-C](#) is posted.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

September 9, 2016: Attention Skilled Nursing Facility Providers: MDHHS is offering a Skilled Nursing Facility Document Management Portal (DMP) virtual training on September 14, 2016 from 10:00-11:00 AM. This tool enables Providers to electronically submit supporting documentation related to the Level of Care Determination (LOCD) process. This training will present important topics and updates, including:

- What is DMP?
- Accessing DMP
- Searching for Documents in DMP
- Uploading Documents
- Faxing Documents
- Messaging
- Provider Resources

Please visit our [Medicaid Provider Training](#) page to register.

September 2, 2016: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, September 10th through 9:00 AM Sunday, September 11th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

September 1, 2016: Attention Outpatient Hospital Providers: MDHHS has identified a system issue causing secondary and tertiary claims to Medicaid to inadvertently pay \$0.00. This is primarily happening when the other insurance has no payment amount at the header or the line level but there is beneficiary liability indicated (example: CARC 1, 2, or 3) and MDHHS has liability. This is projected to be fixed in a system release scheduled for December 16, 2016. At that time, MDHHS will identify affected claims and adjust them for correct processing. We apologize for any inconvenience.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov

August

August 29, 2016: Attention Providers and Trading Partners: September 10, 2016 MDHHS will change the disposition for the below 837 and 835 EDIFECs edits to normal, which means reject. With the exception of 0x3939447(zip-plus-four zip codes cannot end in four "0"s or four "9"s) will remain as a warning.

The specific edit codes and their descriptions are:

- 0x3939447: Zip-plus-four zip codes cannot end in four "0"s or four "9"s
- 0x39393D1: Validation of Canadian zip code (N403) will only allow a value of 6 characters
- 0x39394BB: The N404 Country Code cannot be one of the US Territories
- 0x393967E: A description is required for NOC procedure codes
- 0x39394BF: The K3 segment can be submitted with an original NDC code
- 0x3938C91: Restricted usage of ICD-10 codes for External Cause of Injury can only be from code range V00-Y99
- 0x3938C8F: The ICD-10-CM Primary/Principal Diagnosis cannot be an External Cause code
- 0x3938C8F: Usage is restricted for certain External Cause ICD-10-CM diagnosis codes as primary/principal diagnosis: for codes starting with "V0" and codes starting from V-Y
- 0x3939685: Usage is restricted for certain UB-04 "Payer-Only" codes (reserved for payer internal use only and should not be used on a claim). "Payer-Only" codes for NUBC UB-04 ECLs are:
 - 132 Condition:12-16, 62-65, M0-M9, MA-MZ, UU;
 - 132 Occurrence:23, 48-49;
 - 132 Occurrence Span:79; and
 - 132 Value:17-20, 62-65, 70-79, Q0-Q9

- 0x3939386: Updated function for the date format (expected date format CCYYMMDD/CCYYMMDD-CCYYMMDD when = D8/RD8 qualifier).
- 0x393941C: The ST02 value format is restricted to numeric characters on the 835.
- 0x39393FA: Certain CARCs may be used more than once: the list of these CARCs is shown in User Global Declaration CARC and should be unique only *exclusion CARC 137,237*.
- 0x39393FA: *Use of duplicate CARCs is restricted within the claim/service line.*

Now that the edits have changed to reject, the following will occur:

- If one of the edits set in a single-transaction file, **the entire file will be rejected**
- If one of the edits sets for a multiple transaction file, **only the failed transactions will be rejected**; any other transactions that pass all edits will be accepted and loaded into CHAMPS.

Please contact AutomatedBilling@Michigan.gov with any further questions.

August 29, 2016: Attention Providers: MDHHS Third Party Liability (TPL) will be initiating gross adjustments on Medicaid paid claims where there was retroactive Medicare enrollment and Medicaid paid primary. These claims are no longer available in CHAMPS. Based on the Medicare claims processing manual Section 70.7.3, the provider is able to bill Medicare if Medicaid recovers for retroactive enrollment up to 6 months from the void/gross adjustment date done by MDHHS. After receiving Medicare adjudication information, the provider may submit the claim to Medicaid for adjudication within 120 days from the date that Medicare paid the claim. Please submit the claim and report the following in the remarks section: "Bypass timely filing, MCR retroactive enrollment GA takeback balanced owed."

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov.

August 22, 2016: System Outage: Due to a CHAMPS Emergency Release, the CHAMPS system will be down between 7:00 PM through 11:00 PM on Friday, August 26th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

August 23, 2016: Attention Nursing Facility Medicaid Fee for Service Providers: MDHHS would like to remind providers of the importance of their Medicaid Provider Identification (ID) Number with the LOC 02 segment in the member's eligibility file and the facility who conducted the Level of Care Determination (LOCD). Medicaid will continue to remind facilities of this information as claims may deny in the future if the LOC 02 segment in the member's eligibility file is not that of the facility that conducted the LOCD and/or match the claim NPI. Please refer to [L-Letter 16-13](#) for additional information.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

August 18, 2016: Attention Trading Partners and Providers: Due to a system issue, electronic files submitted after 4:55AM on 08/17/2016 through 11:00AM on 08/18/2016 will see duplicate 999's. This system issue has been resolved and there is no need to resubmit any files. If you do **NOT** receive a 999, please contact AutomatedBilling@Michigan.gov.

August 16, 2016: Attention Providers: The File Transfer Service (FTS) portal will be unavailable on Sunday, August 21, 2016 from 10:00AM to 2:00PM. Please refrain from submitting files during this maintenance period. We apologize for any inconvenience this may cause. Please contact AutomatedBilling@Michigan.gov if you require further assistance.

August 11, 2016: Attention Providers: MDHHS is continuing to see a high volume of claim denials where the ordering/referring provider is not enrolled in CHAMPS. Ordering/referring providers are encouraged to share their individual NPIs with rendering providers so they may submit the information required for payment of claims.

A CHAMPS Provider Verification screen is available for providers to verify if an ordering/referring provider is enrolled/registered with Michigan Medicaid. Select the My Inbox tab within CHAMPS and choose the Provider Verification option in the drop-box menu. Enter the NPI of the referring/ordering provider and select Verify. Ordering/referring and attending providers must be enrolled and active in the Michigan Medicaid program on the date of service. Please refer to [MSA 12-55](#) and [MSA 13-17](#) for additional guidance.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

August 10, 2016: Attention Providers: MDHHS Provider Relations has created a new [Provider Inquiry Email Form](#) for Medicaid Providers. This form includes information that Medicaid Provider Relations needs to answer most inquiries. Once you have downloaded this document, complete and save the form to your computer and attach it to your email to ProviderSupport@Michigan.gov.

Providers with further questions can contact Provider Support by email at ProviderSupport@michigan.gov.

August 9, 2016: Attention Ambulance Providers: MDHHS is seeing an increase of emergency ambulance transport claims denying CARC 50 for a non-supporting emergency ambulance diagnosis code. Providers are not utilizing the highest specificity of the diagnosis code, when possible. For example, using DX S82899A: Unspecified fracture of unspecified lower leg. The more specific DX code could be S82891A: Other fracture of right lower leg or S82892A: Other fracture of left lower leg. The Medicaid Code and Rate Reference Tool can be used to verify which diagnosis codes support Emergency Transport by having an ambulance indicator. Also, many providers are not utilizing the emergency in Loop 2400, SV109 segment or the CMS 1500, 24C to indicate emergency services. If left blank, the indicator defaults to N, which indicate no.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov

August 03, 2016: System Outage: Due to CHAMPS system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, August 13th, 2016 through 9:00 AM Sunday, August 14th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

August 03, 2016: Attention ALL Providers: This is an update to the message posted July 25, 2016 regarding Children's Special Health Care Services (CSHCS) migration from the Covisint ProviderLink (EZ Link) to the CHAMPS Document Management Portal (DMP) effective August 1, 2016. A [user guide](#) for providers is now available to assist in this migration.

Providers with further questions may contact Kristie Ferris at 517-241-9702 or FerrisK1@Michigan.gov for assistance.

July

July 27, 2016: Attention All Providers: MDHHS now receives weekly files from BCBSM and BCN. All Policy Changes (adds, terminations and other changes) are reported on the file. Therefore, in most cases you will not need to notify TPL of a Policy Change. However, please report Policy Changes that occur:

- within the last 30 days if there are access to care issues
- more than 30 days ago

Please Note:

- Changes reported to <http://www.michigan.gov/reportTPL> with an email address will receive an email confirmation when TPL completes the review.
- If a change is not made, your Blue Cross provider consultant can ensure that the coverage on web-DENIS is correct and can help get BCBSM and BCN records updated when necessary.
- TPL may close the request due to a system (file) update made after the request was received. If your confirmation states that the system has been updated and you feel a change is still needed, please report the change again.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

July 27, 2016: Attention Nursing Facility Providers: MDHHS is aware of delays in updating Provider IDs and Level of Care (LOC). We are currently working on addressing the issue to expedite these updates. Thank you for your patience.

July 25, 2016: Attention All Providers: Children's Special Health Care Services (CSHCS) will be migrating from the Covisint Provider Link (EZ Link) to the CHAMPS Document Management Portal (DMP) effective August 1, 2016. Electronic document submissions for eligibility, renewal, and provider additions for CSHCS clients will only be received through DMP beginning August 1, 2016.

Providers with further questions may contact Kristie Ferris at 517-241-9702 or FerrisK1@Michigan.gov for assistance.

July 20, 2016: Attention All Providers: This is an update to the message posted on June 19, 2016 regarding Document Management Portal (DMP) and the messaging function for claims suspending for Predictive Modeling. This messaging function is only available for medical documentation submitted via the DMP or FAX. This function is not available for medical documentation submitted via mail.


July 19, 2016: Attention All Providers: Beginning July 22, 2016, the messaging function within the Document Management Portal (DMP) will be available for claims suspending for Predictive Modeling. This messaging function will allow providers and MDHHS staff the ability to communicate when it is determined that certain documentation is missing or not legible after an initial review of submitted documentation has been completed. This messaging function **does not** replace the initial documentation request letter that providers receive when the claim initially suspends for Predictive Modeling.

MDHHS will send a message to the provider indicating which document (s) is needed and the provider will have **10 business days** to upload additional requested documentation and respond back to MDHHS via DMP messaging.

There are two ways to access messages within DMP:

1: Message Tab within DMP:



2: Message Icon within search messages: 

When a new message is available in DMP, an email will be sent to the provider's email associated to the MiLogin account that was created when you signed up for CHAMPS.

For detailed instructions for this messaging function, click on [DMP/Messaging](#).

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

July 19, 2016: System Outage: Due to CHAMPS Emergency Release deployment, the CHAMPS system will be down between 7:00 PM Friday, July 22nd 2016 and 2:00 AM Saturday, July 23rd 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

July 12, 2016: Attention Professional Providers: This is an update to the June 14, 2016 message related to the MUE on Subsequent Hospital Care 99231-99233 updated to reflect 1 visit per day per same rendering/servicing provider. The affected claims from DOS 10/1/2015 forward will be recycled and the recycled claims will appear on a future remittance advice. Claim adjustments on incorrectly paid claims may also be initiated by the provider.

Initial Hospital Care 99218-99223 will remain one visit per day per same group/billing provider.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

July 11, 2016: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes Medicaid Fee for Service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov.

July 07, 2016: Attention Outpatient Hospital Providers: This is an update to the messages posted June 28, 2016 and April 7, 2016, related to APC/OPPS quarterly software updates. Claims with dates of service on and after January 1, 2016-March 31, 2016 billed with codes G0477-G0483 may have incorrectly paid zero dollars. The codes rates will be updated in the July 2016 quarterly APC/OPPS software updates which will be completed on September 30, 2016. MDHHS will adjust any paid claims that were affected. We apologize for any inconvenience.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

July 07, 2016: Attention Trading Partners: Electronic claim submission files submitted in June 2016 may have been accepted and a 999 acknowledgement was returned through the File Transfer Service (FTS) connection. The 999 acknowledgements were not stored in Champs and the file was not loaded through claims adjudication. The missing 999s have been re-loaded by MDHHS and files are now in claim adjudication process and will appear on a future remittance advice. Trading Partners may see two duplicate 999 acknowledgement files if they retrieved them through the FTS connection. Any Affected Trading partners will be contacted via e-mail by MDHHS. If you have further questions please contact AutomatedBilling@Michigan.gov

July 06, 2016: Attention ALL Providers: MDHHS is offering a CHAMPS Document Management Portal (DMP) virtual training on July 21, 2016 from 10:00-11:00 AM. This tool enables Providers to electronically submit supporting documentation for Medicaid claims filed electronically through CHAMPS, submit consent forms, and submit records requested for Predictive Modeling requirements. This training will present important topics and updates, including:

- What is DMP?
- Accessing DMP
- Searching for Documents in DMP
- Uploading Documents
- Faxing Documents
- Beginning July 22, 2016, MDHHS use of the messaging function to providers to communicate requests for additional documentation on claims suspending for Predictive Modeling.
- Provider Resources

Please visit our [Medicaid Provider Training page](#) to register.

July 05, 2016: Attention ALL Providers: As part of the most recent update within CHAMPS, providers will now see a change in how claim adjustment reason code (CARC) 23 is reported on the 835/Electronic Remittance Advice (ERA). Claims will be impacted by prior payer's adjudication, including prior payment and/or adjustments, which are contractual CARC amounts and will be reported back to providers as CARC 23. Any Medicaid liability CARCs will be reported back to providers in CARC 45. Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

July 01, 2016: System Outage: Due to CHAMPS release deployment, the CHAMPS system will be down between 6:00 PM Saturday, July 9th 2016 through 6:00 AM Sunday, July 10th 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

June

June 29, 2016: Attention ALL Providers and Trading Partners: CHAMPS has been updated to EDIFECs version 8.6.2 as part of the most recent CHAMPS system update, 6/24/16. A number of 837 and or 835 edits have been updated, added, or deleted since this last upgrade. For reject edits that may have a significant impact on Fee for Service (FFS) submission, MDHHS is delaying turning the disposition to reject until the end of August 2016 (60 days after 6/24/2016).

The edits are as follows:

- Description is required for NOC procedure code
- Updated edit for validation of Canadian zip code (N403) to allow value of 6 characters only.
- Added new edit for N404 Country Code not to be one of US territories.
- Added new edit for ICD-10-CM Primary/Principal diagnosis: it cannot be External Cause code.
- Added new edit allowing to send K3 segment with original NDC code.
- Added new edit restricting usage of UB-04 "Payer-Only" codes. These codes are reserved for payer internal use only and should not be used on a claim. "Payer-Only: codes for NUBC UB-04 ECLs are:
 - 132 Condition: 12-16, 62-65, M0-M9, MA-MZ, UU;
 - 132 Occurrence: 23, 48-49;
 - 132 Occurrence Span: 79;
 - 132 Value: 17-20, 62-65, 70-79, Q0-Q9.
- Updated edit restricting usage of External Cause ICD-10-CM diagnosis codes as primary/principal diagnosis from codes starting from "V0" and codes having V-Y to codes starting from V-Y.
- Added new edit restricting usage of ICD-10 codes for the purpose of External Cause of Injury.
- Updated edit to provide infrastructure to specify the list CARCs that may be used more than once. The list of such CARCs can be edited in User Global Declaration.
- Updated edit to restrict usage of duplicate CARCs within claim/service line.
- New edit for zip plus four zip codes cannot end in four "0"s or four "9"s
- Updated function for the date format
- New edit to restrict ST02 value format to numeric character (on 835).

Please review your audit files with extra scrutiny to ensure that you have accounted for these new edits prior to the status changing to reject. If one of these edits sets after they are turned to reject, **your entire file will be rejected in only one transaction**. If multiple transactions within the file are rejected then only that transaction will be rejected and not loaded.

Please contact AutomatedBilling@Michigan.gov with any further questions.

June 28, 2016: Attention Outpatient Hospital Providers: This is an update to the message posted April 7th, 2016 and May 04, 2016, related to APC/OPPS quarterly software updates. Claims with dates of service on and after January 1, 2016 through March 31, 2016, billed with codes G0477-G0483, may be paying at zero dollars.

Claims with dates of service on or after April 1, 2016, billed with these codes are paying appropriately. MDHHS will notify providers with an update as soon as the rates records issue is resolved.

Providers with further questions can contact Provider Support by email at ProviderSupport@Michigan.gov. Please include in the subject area: Attention OPPS Claim Question.

June 23, 2016: Attention Providers: Beginning June 27th MILogin will be replacing Single Sign-On. If you are a current SSO user, you will use your same User ID and Password to access MILogin. DO NOT register as a new user. You will access CHAMPS through MILogin at: <https://milogintp.Michigan.gov>. There will not be any changes within CHAMPS, just a new portal to access it. If you login through Single-Sign on (SSO) on or after June 27th 2016, you will not see CHAMPS on your list of applications, just the link through MILogin. You may want to bookmark the MILogin link in preparation for this change.

Further information that explains this change can be accessed on the [MILogin informational site](#).

June 23, 2016: Attention ALL Providers: This is an update to the message posted August 27, 2015 related to systems issues that caused some beneficiaries to not receive timely Medicaid coverage. Guidance on how affected beneficiaries and providers could obtain appropriate reimbursement was provided. Providers who had claims denied for eligibility edits for Medicaid beneficiaries in the groups as outlined in [L-letter 15-48](#) were directed to resubmit those claims for consideration by March 31, 2016.

MDHHS has experienced some delays in the processing and letter notification to individuals and families who were eligible for Transitional Medical Assistance (TMA) and Special N Support (SNS) from March 2014 through March 2015. Providers have up to 6 months from the beneficiary deadline date listed on the beneficiary notice to submit claims. Claims with dates of service greater than 12 months from the date of submission need to have "MAGI Corrective Action" reported in the claim notes section (HIPAA transaction NTE segment Loop 300) in order for the claim to process correctly.

MDHHS also asks providers for patience when taking action against those beneficiaries with an outstanding balance, and encourages providers to delay initiation of any collections proceedings until affected claims are submitted and reprocessed.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

June 20, 2016: System Outage: Due to a CHAMPS Release deployment, the CHAMPS system will be down between 7:00 PM Friday, June 24th, 2016 and 2:00 AM Saturday, June 25th, 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

June 16, 2016: Attention Inpatient Hospital Providers: MDHHS is receiving multiple inquiries regarding authorization guidelines for care in a Long-Term Acute Care Hospital (LTACH). Bulletin [MSA 15-30](#) addressed the reimbursement methodology changes made by the Hospital Reimbursement Reform Initiative (HRRI) Technical Workgroup. There were no changes nor was there any intent to change authorization/PACER requirements. All inpatient hospital services require authorization.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

June 14, 2016: Attention Professional Providers: The MUE on Initial and Subsequent Hospital Care, Procedure Codes 99218-99233, have recently been updated and limited to reflect 1 visit per day per same group/billing provider. These claims will deny with CARC 18, 119. This service is "per day", as such, all visits from the same group would be encompassed into the payment regardless of the number of times the patient was seen on that day.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

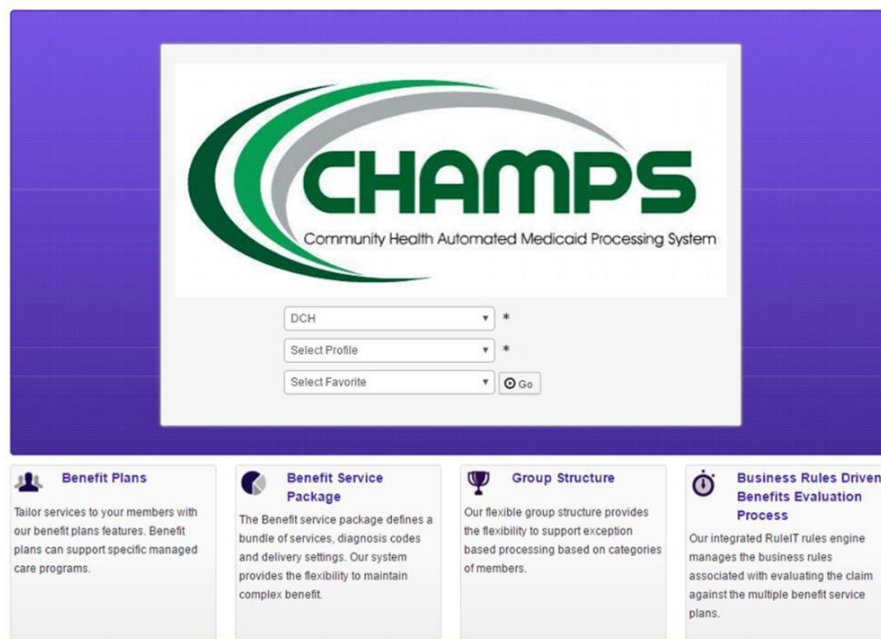
June 09, 2016: Attention ALL Providers: Beginning June 12, 2016 the passwords for user login for Web page (HTTPS Internet Connection) for the File Transfer Service (FTS) will become case sensitive.

Currently, if your password is working on the FTS there is nothing you need to change. If you are prompted to change your password, please refer to the [Electronic Submissions Manual](#). Please contact AutomatedBilling@Michigan.gov with questions.

June 07, 2016: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, June 11, 2016 through 9:00 AM Sunday, June 12th, 2016. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

June 03, 2016: Attention ALL Providers: June 2016 is 'Alzheimer's Awareness Month' in Michigan and the state is going "Purple!" to raise awareness of this effort. As part of this effort various screens and text within CHAMPS will appear purple, instead of the normal blue.

Those seeking more information about Alzheimer's disease and the free support and services the Alzheimer's Association offers are encouraged to call the 24/7 helpline at 800-272-3900 or visit <http://www.alz.org> to find out how to contact the Chapter that serves their community.



June 02, 2016: Attention ALL Providers: Beginning June 27th MILogin will be replacing Single Sign-On. You will access CHAMPS through MILogin at:

- <https://milogintp.michigan.gov>

There will not be any changes within CHAMPS, just a new portal to access it. If you login through Single-Sign on (SSO) on or after June 27th 2016, you will not see CHAMPS on your list of applications, just the link through MILogin. You may want to bookmark the MILogin link in preparation for this change. Further information that explains this change can be accessed on the [MILogin informational site](#).

May

May 25, 2016: Attention ALL Providers: Blue Cross Blue Shield of Michigan (BCBSM) has recently begun sending Third Party Liability (TPL) voided coverage to remove coverage which had previously loaded and was later identified as invalid. TPL has made efforts to identify any voids that have been missed; those records were removed in April and May.

Beginning in June 2016, BCBSM will be sending all necessary coverage records, including adds, terms, updates and voids.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

May 25, 2016: Attention ALL Providers: This is an update to the message posted on May 24, 2016 related to timeout issues with Core 270/271 Real-time Eligibility transactions. These issues have now been resolved. MDHHS will continue to monitor the system. We apologize for any inconvenience.

Please contact AutomatedBilling@Michigan.gov with any further questions.

May 24, 2016: Attention ALL Providers: CHAMPS Real-time 270/271 Eligibility transactions are experiencing network connectivity issues. MDHHS is working to analyze this issue and will continue to monitor the system. We apologize for any inconvenience.

Please contact Automatedbilling@Michigan.gov with any further questions.

May 24, 2016: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) has recently updated the [Predictive Modeling FAQ](#) resource document on the provider website.

Providers with further questions can contact Provider Support by email at ProviderSupport@Michigan.gov. Please include in the subject area: Predictive Modeling.

May 16, 2016: Attention ALL Providers: On June 12, 2016 the passwords for user login for Web page (HTTPS Internet Connection) for the File Transfer Service (FTS) will become case sensitive. Currently if your password is working on the FTS there is nothing you need to change. If you are prompted to change your password please refer to the [Electronic Submissions Manual](#). Please contact AutomatedBilling@Michigan.gov with questions.

May 09, 2016: System Outage: Due to system maintenance, the CHAMPS system will be down Saturday, May 14, 2016 6:00 PM EST through Sunday May 15, 2016 6:00 AM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 09, 2016: Attention Outpatient Hospital Providers: All Outpatient Hospital claims with dates of service on or after 1/01/2016 will be adjusted or resurrected to process using the newly loaded January APC software updates and will begin to appear on pay cycle 18 (4-28-2016 Remittance Advice (RA)). Adjusted claims can be identified by the claim note "APC Jan 2016 quarterly updates."

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

May 09, 2016: Attention ALL Providers: A new ICD-10 Resource Tool, "[ICD-10 Code Lookup](#)," has been posted to the Michigan Department Health and Human Services (MDHHS) [ICD-10 Webpage](#). This helpful conversion tool provides quick access to frequently used codes. Please note that this tool should be not used as a final mapping for ICD-10 Codes and all codes should be verified via [Centers for Medicare and Medicaid Services \(CMS\)](#).

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov.

May 06, 2016: Attention ALL Providers: The Michigan Departments of Health and Human Services (MDHHS) will initiate claim adjustments on pay cycle 5/12/2016 for HCPCS and CPT codes that have a lifetime limit. Beginning with dates of service from 2011 and continuing adjustments until completed.

Previously, lifetime limits were not storing correctly within CHAMPS and claims may have processed incorrectly.

The adjustment claims can be identified by the claim note "Lifetime Limit Adjustments to set flag". The Medicaid Code and Rate Reference Tool can be used to verify which HCPCS and CPT codes have a lifetime limit. Please review the following for information on [how to verify the "Adjustment Source" of your claim](#).

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov.

May 04, 2016: Attention Outpatient Hospital Providers: This is an update to the message posted April 7th, 2016 related to APC/OPPS quarterly software updates. Analysis of claims processed on or after March 25th, 2016 show certain service lines are setting incorrect status indicators. Providers may notice an increase in the amount of claims that are suspending for dates of service on or after January 1st, 2016.

The correction to this issue is scheduled to be installed May 14th, 2016. MDHHS will release any suspending claims affected by this issue. MDHHS asks that providers not send in duplicate claims but wait for their suspending claim to be resolved.

Providers with further questions can contact Provider Support by email at ProviderSupport@Michigan.gov. Please include in the subject area: Attention OPPS Claim Question.

May 03, 2016: System Outage: Due to CHAMPS Emergency Release deployment, the CHAMPS system will be down between 7:00 PM Saturday, May 7th 2016 and 2:00 AM Sunday, May 8th 2016. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

April

April 21, 2016: Attention ALL Providers: This is an update to the messages posted October 30th, 2015 and November 10th, 2015 related to Predictive Modeling (PM). The Michigan Department of Health and Human Services (MDHHS) will be requesting medical records for any claim that is flagged for PM. Providers may notice an increase in the volume of affected accounts. MDHHS wants to remind providers that they must attach their medical records to the suspending TCN within 45 days from the date of the medical records request letter. Please do not upload documentation until the letter is sent. Please do not submit duplicate claims until the suspending claim is resolved. Providers can expect their claim to be resolved within 60 days from the date medical records are uploaded through the Document Management Portal (DMP). Please refer to our [PM Frequently Asked Questions](#) for more details.

Providers with further questions can contact Provider Support by email at ProviderSupport@Michigan.gov. Please include in the subject area: Attention Predictive Modeling.

April 12, 2016: Attention ALL Providers: This is an update to the message posted on April 11, 2016 related to timeout issues with Core 270/271 Real-time Eligibility transactions. These issues have now been resolved. MDHHS are still working to analyze this issue and we will continue to monitor the system. We apologize for any inconvenience. Please contact Automatedbilling@Michigan.gov with any further questions.

April 12, 2016: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes Medicaid Fee for Service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice (RA) date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov.

April 12, 2016: Attention Hospice Providers: The Centers for Medicare & Medicaid Services (CMS) has clarified that the hospice day-count begins when a beneficiary becomes Medicaid eligible and not before. Therefore, the Michigan Department of Health and Human Services (MDHHS) cannot count days in hospice when the member was self-pay or under another insurance payer. Once the beneficiary becomes Medicaid eligible, Occurrence Code (OC) 27 will need to contain the hospice start date of when the individual became Medicaid eligible and then higher tiered hospice rate for days 1-60 will be paid to the provider.

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov.

April 11, 2016: Attention ALL Providers: Core 270/271 Real-time Eligibility transactions are currently experiencing session time-outs. MDHHS is currently monitoring the system to identify the problem. We apologize for any inconvenience and will provide an update once the issue is resolved.

Please contact Automatedbilling@Michigan.gov with any further questions.

April 11, 2016: Attention PDN Providers: MDHHS has identified a database issue. Claims that were submitted with date of service falling on Easter were paid at the regular rate instead of the holiday rate. MDHHS is working on creating a resolution for this issue and once the issue is resolved, MDHHS will adjust the claims to pay at the correct rate.

April 7, 2016: Attention Outpatient Hospital Providers: Due to delays in coding updates, claims with dates of service on and after January 1, 2016 billed with codes G0477-G0483 will deny with reason code A8. Once the April 2016 APC/OPPS quarterly software updates are completed on June 26, 2016, MDHHS will identify affected claims and resurrect them.

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov.

April 5, 2016: System Outage: Due to system maintenance, the CHAMPS system will be down Saturday, April 9, 2016 6:00 PM EST through Sunday April 10, 2016 9:00 AM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

March

March 21, 2016: Attention All Providers: MDHHS is experiencing technical difficulties with the File Transfer Service (formerly known as the Data Exchange Gateway-DEG). Additional information will be sent as we receive it. We apologize for this inconvenience. Please contact AutomatedBilling@Michigan.gov with questions. Thank you.

March 18, 2016: Attention All Providers: On Sunday, March 20th, 2016, the File Transfer Service (FTS) will undergo screen revisions. All functions will remain the same but screens will look different only when accessing the web interface using the HTTPS Connection.

****Please DO NOT SEND files through the HTTPS web Internet connection Sunday, March 20th, between 8:00 A.M. and 6:00 P.M. EST**

Please review the important information below. You must refer to the [Electronic Submission Manual](#), Section 4, for new information on the FTS.

- Destination Mailbox is now called "Recipient" (ex. DCHEDI or DCHBULL– must all be in CAPS)
- Effective March 20, 2016 at 6:00 P.M., the Transfer Mode defaults to binary – previously, the transfer mode defaulted to text.
- You must refer to the new [Electronic Submissions Manual](#) for changes related to the new download file extension .msg, transfer mode.
- No changes are planned for your current password: refer to Section 7 of the Electronic Submissions Manual for password change information.

March 18, 2016: Attention Nursing Facilities: TPL (Third Party Liability) will be initiating gross adjustments on Medicaid paid claims where there was retroactive Medicare and Medicaid paid primary. These claims are no longer available in CHAMPS. Based on the Medicare claims processing manual Section 70.7.3, the provider is able to bill Medicare if Medicaid recovers for retroactive enrollment up to 6 months from the void/gross adjustment date done by MDHHS. After submitting claims to Medicare and if there is a balance that has to be submitted to Medicaid, please rebill and report the following in the remarks section: "Bypass timely filing, MCR retroactive enrollment GA takeback balanced owed".

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov.

March 3, 2016: System Outage: Attention All Providers: Due to system maintenance, the CHAMPS system will be down Saturday, March 12, 2016 12:00 PM EST through Sunday March 13, 2016 6:00 AM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

March 2, 2016: Attention Nursing Facility Providers: When creating the LOCD tool, please enter the member's Medicaid ID when available. By entering the member's Medicaid ID, the system will pre-populate the member's information. If the Medicaid ID is not available, please verify and enter the correct spelling of the member's first and last name into the system. If a member's spelling of their name is not entered correctly, the Medicaid ID cannot be captured to that LOCD even if a member's Medicaid ID exists. CHAMPS is in the process of creating a warning message for providers to prompt them to review a member's first name, last name, DOB, and SSN. It is tentatively scheduled to release after June 3, 2016. Providers with further questions can contact provider support by phone 1-800-292-250 or by email ProviderSupport@Michigan.gov.

February

February 26, 2016: System Outage: Attention All Providers: Due to system maintenance, the CHAMPS system will be down Saturday, February 27, 2016 6:00 PM EST through 9:00 PM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

February 22, 2016: Attention ALL Providers: On an ongoing basis, MDHHS will be clearing duplicate 'Suspending' claims off of CHAMPS claim inquire and keeping only the most recently submitted claim that has a 'Suspending' status. These claims will be denied with Claim Adjustment Reason Code (CARC) 96 and Remittance Advice Remark Code (RARC) N35. Providers who receive this claim denial are encouraged to perform a search within the CHAMPS claim inquire function to identify the other TCN that is 'Suspending'. If your claim status shows 'In Process' or 'Suspending' within the CHAMPS claim inquiry, **DONOT** resubmit another claim.

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov.

February 16, 2016: Attention Nursing Facility Providers: When completing the MSA-2565-C, the facility's seven digit Medicaid Provider ID number is required in box (12. b.) of the form. The Medicaid Provider ID number associated to the LOC 02 segment in the member's eligibility file must be that of the Medicaid Provider who conducted the LOCD. If these two do not match, the LOCD tool remains incomplete. Claims may deny with the following CARC/RARC codes: CARC B7, CARC 96 with RARC N216. These codes indicate that the submitting billing NPI does not match to Member LOC 02 authorization in CHAMPS or the LOCD record is not active/not complete/not met. You may contact Provider Support by phone at 1-800-292-2550 or email ProviderSupport@Michigan.gov to obtain the seven digit Medicaid Provider ID.

February 8, 2016: System Outage: Attention All Providers: Due to system maintenance, the CHAMPS system will be down Saturday, February 13, 2016 6:00 PM EST through Sunday February 14, 2016 6:00 AM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

February 8, 2016: The Data Exchange Gateway will be unavailable from 9:00 A.M. EST – 12:00 P.M. EST on Sunday, February 7, 2016. Please do not submit files during this outage. We apologize for this inconvenience. Please contact automatedbilling@Michigan.gov with questions.

February 2, 2016: Attention Dental Providers: MDHHS has identified a CHAMPS defect with dental claims. Instead of the system deducting a \$3.00 copay for prior authorized services, the system is paying a \$3.00 copay. This defect is projected to be corrected in the CHAMPS June 2016 update, after which time MDHHS will adjust identified claims.
Providers with further questions can contact provider support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov

January

January 29, 2016: Attention Trading Partners: This is an update to the message posted on January 19, 2016 related to the File Transfer Service (FTS), previously referred to as the Data Exchange Gateway (DEG). Beginning February 1, 2016, user screens will look different but all functions will remain the same when accessing the Web Interface utilizing an HTTPS Connection. Please review the below information.

- Destination Mailbox is now called “Recipient” (ex. DCHEDI or DCHBULL – must all be in CAPS);
- Transfer Mode defaults to Binary – in the past, the transfer mode defaulted to Text;
 - Refer to the [Electronic Submissions Manual \(ESM\)](#) for changes related to the new download file extension .msg, transfer mode; and
 - There are NO changes to the current password. Please refer to the [ESM](#), Section 7 for password information.

Please refer to the [ESM](#), Section 4 for updated FTS information. Additional FTS Web Client information, including how to connect and log-in, can be accessed here. Please contact automatedbilling@Michigan.gov with questions.

January 29, 2016: Attention Trading Partners: Web Interface Connection HTTPS for the File Transfer Service (FTS) will be unavailable on Sunday, January 31, 2016 between 9:00 AM through 2:00 PM EST. Please do not submit any files through the HTTPS connection during this time. All other access connections (SFTP, FTP/SSL), will remain available for submission of files. We apologize for any inconvenience.

January 21, 2016: Attention Hospice Providers: This is a reminder to the message posted on October 19, 2015. Effective January 1, 2016, the following billing requirements are being required for all Hospice providers: Routine Home Care Hospice for Hospice claims submitted on/after November 1, 2015, Hospice Certification Date (Occurrence Code 27 & Date) must be reported on every Hospice claim. Hospice claims submitted to MDHHS must be in date sequence order. Please ensure payment is received for the initial Hospice month prior to submitting claims for subsequent months. When applicable, the date of death must be reported using Occurrence Code 55 and Date.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov

January 21, 2016: Attention ALL Providers: CHAMPS Document Management Portal (DMP) and CHAMPS Archived Documents function will be unavailable from Friday January 22, 2016 at 6:00 PM until Monday January 25, 2016 at 12:00 AM to allow for maintenance and upgrades for document archiving and retrieval. We apologize for any inconvenience.

January 20, 2016: Attention ALL Providers: The Plan First! Program is coming to an end. In the next couple of weeks, MDHHS will be reviewing Plan First! recipients eligibility for other Medicaid programs. MDHHS would like to remind Plan First! recipients to update their mailing address and phone number. MDHHS is requesting this poster (<<hyperlink to this poster for BBA and the word “below” for the pdf embedded in the list-serv>> be printed on 8.5 by 14 inch paper and prominently displayed in your waiting or reception area(s).

An all provider bulletin regarding the termination of the Plan First! Program will be issued shortly. Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

January 19, 2016: Attention All Trading Partners: Beginning February 1, 2016, the File Transfer Service will replace the existing Data Exchange Gateway. Please review the information below. Additional information is provided by selecting the blue hyperlink located at the bottom.

- There is now a Java Mode option and Non-Java Mode option - please use the Java Mode option for full functionality;
- Destination Mailbox is now called "Recipient" (ex. DCHEDI or DCHBULL– must all be in CAPS); and
- Transfer Mode defaults to Binary - **prior to February 1, 2016, the transfer mode defaulted to Text.**

The text transfer mode must be manually selected. Please contact automatedbilling@Michigan.gov with questions.

January 19, 2016: Attention Inpatient Hospital Providers: MDHHS has identified a CHAMPS defect with Inpatient Hospital claims spanning billing the ICD-10 implementation date that are not triggering the alternate NICU DRG rate. These inpatient claims billed with the revenue code 0174 are paying at the normal DRG rate. This defect is projected to be corrected in the March 25, 2016 CHAMPS update, after which time MDHHS will adjust identified claims to ensure they assign the alternate NICU DRG rate.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

January 19, 2016: Attention ALL Providers: The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes Medicaid Fee for Service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on how to verify the [Adjustment Source of your claim](#).

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov.

January 12, 2016: Attention All Providers: This is an update to the message posted on January 11, 2016, related to technical issues with outbound files. The electronic file technical difficulties are now resolved. Please check frequently for files that you normally receive from MDHHS Michigan Medicaid. Please do NOT resubmit a file to MDHHS Michigan Medicaid unless you have received an acknowledgement file indicating that your file was rejected. Please contact automatedbilling@Michigan.gov for further assistance. We apologize for any inconvenience and will continue to monitor file traffic and provide any updates as necessary.

January 11, 2016: Attention All Providers: MDHHS Medicaid EDI is experiencing a technical difficulty with the SFTP for inbound and outbound files. Please expect delays with the receipt of 999 acknowledgement files. This affects all Data Exchange Gateway (DEG) submissions including HTTPS and SFTP connections. We apologize for the inconvenience and will post an update when the issue is resolved. Please contact automatedbilling@Michigan.gov with questions.

[Return to top](#)

2015

December

December 22, 2015: Attention Home Health and Hospice Providers: In alignment with CMS and effective January 1, 2016, the CHAMPS system will recognize new G-Codes to differentiate levels of nursing services provided during a hospice stay and a home health episode of care.

- G0299 Service is provided by an RN
- G0300 Service is provided by an LPN

Effective for hospice dates of service on and after January 1, 2016 and for home health episodes of care ending on or after January 1, 2016, the previous code G0154 will be retired. Providers with further questions can contact Provider Support by phone 1-800- 292-2550 or email ProviderSupport@Michigan.gov.

December 22, 2015: System Outage: Due to system maintenance, the CHAMPS system will be down Thursday, December 31st, 2015 between 8:00 PM EST and 11:59 PM EST. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

December 18, 2015: Attention All Providers: Per [MSA-15-49](#) Cost-Sharing Limits, the eligibility response within CHAMPS includes the following cost-sharing information: Cost-Share Met (Y or N); Cap Amount Remaining; and Copayment (for various services). Please see [Cost-Share Examples](#) for further information including CHAMPS screen-shots. Cost-sharing information will be reported within the MSG section found under each beneficiary on the 271 eligibility response file. Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

December 15, 2015: Attention Nursing Facility Medicaid Fee for Service Providers: As part of the December 11, 2015 CHAMPS system update, the final phase of the Medicare Advantage Coinsurance Pricing Logic was implemented. For claim dates of service 2010 and prior, please refer to the Medicaid Provider Manual under General Information for Providers Chapter, Section 12.4 Provider Returning Overpayments.

For claim dates of service 2011 and forward, MDHHS will be initiating the claim adjustment within the next few weeks. Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

December 15, 2015: Attention Hospice Providers: CHAMPS will be ready to process and reimburse claims for the two-tiered routine hospice rates beginning January 1, 2016. However, CHAMPS will not be able to process the new SIA payment until an upgrade is completed in late March 2016. Starting January 1, 2016, providers may bill for the SIA with G codes G0299 and G0155, but these will reject in CHAMPS until the system updates are functional. Once functionality is in place, MDHHS will resurrect any claims with G-codes G0299 and G0155 from January 2016 onward and process SIA payments to providers. Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

December 10, 2015: Attention ALL Providers: CHAMPS Document Management Portal (DMP) and CHAMPS Archived Documents function will be unavailable from Thursday December 10, 2015 at 6:00 PM until Monday December 14, 2015 at 8:00 AM to allow for maintenance and upgrades for document archiving and retrieval. We apologize for any inconvenience.

December 9, 2015: System Outage: Due to CHAMPS system maintenance, the CHAMPS system will be down between 2:00 PM Saturday, December 12th, 2015 and 6:00 AM Sunday December 13th, 2015. This outage will affect the system access for all functionality. We apologize for any inconvenience this may cause.

December 01, 2015: Attention Nursing Facility Medicaid Fee for Service Providers: UPDATE: This is an update to the message posted November 18, 2015, related to the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) migration from the Legacy LOCD System into CHAMPS.

MDHHS has identified rejected claims that were denied incorrectly and are re-processing these denied claims. The re-processing will include only those denied claims affecting LOCDs that were conducted more than once within the Legacy system whereby the incorrect migrated LOCD was end-dated. MDHHS is aware the end dates remain incorrect and are working to resolve this issue. Newly submitted claims will no longer be denied for LOCD end dates.

November

November 20, 2015: Attention ALL Providers: Michigan Department of Health and Human Services (MDHHS) Provider Relations Section would like to provide notification that we will begin using Adobe Connect for virtual [Medicaid trainings](#). Adobe Connect is a web-based program that offers many features and will be beneficial in providing better customer service to providers. There will be some minor changes with registration and accessing the trainings. The information within this [guide](#) will provide assistance. We ask that you please take the time before the training to review the guide to best assist us in this transition. We will begin using this new tool immediately. December trainings are now available and additional virtual trainings will be posted on our [website](#) on or around January 1, 2016. If you have any questions, please email ProviderOutreach@Michigan.gov

November 19, 2015: Attention ALL Providers & Trading Partners: Due to the State of Michigan Holiday (Thursday, November 26, 2015 and Friday, November 27, 2015), the date for warrants and Electronic Fund Transfers (EFTs) will be moved to Wednesday, November 25, 2015. Please contact AutomatedBilling@Michigan.gov for any further questions.

November 18, 2015: Attention ALL Providers: MDHHS will no longer reimburse claims for a newborn when CHAMPS identifies the mother is enrolled in a Medicaid Health Plan (MHP). Initial informational claim editing will begin with claims adjudicated on or after December 11, 2015. Providers will see the Claim Adjustment Reason Code (CARC) 128 – Newborn's services are covered in mother's allowance on their remittance advice. Initial claim editing will result in informational editing only. At a future determined date, claims billing to the incorrect payer will result in a denial.

Providers are encouraged to review [L-letter 15-66](#) for further information and to check the MHP of the mother when rendering services for newborns in order to ensure services are being billed to the correct and appropriate payer.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov

November 18, 2015: Attention Nursing Facility Medicaid Fee for Service Providers: Due to system issues in the migration of the Level of Care Determination (LOCD) from the Legacy into CHAMPS, two issues have been identified:

1. The LOCDs that migrated from Legacy to CHAMPS and did not contain the member ID number were not included in the nightly match process. To address these affected LOCDs, we are requesting the provider to enter a copy of the Legacy LOCD into CHAMPS and include the member ID number. If the LOCD date does not go back to the date of the Legacy LOCD, please email copies of BOTH the Legacy LOCD and the CHAMPS-based LOCD Freedom of Choice (FOC) forms to ProviderSupport@Michigan.gov. Provider Support will adjust the CHAMPS-based LOCD start date to the LOCD start date that was registered in the Legacy system.

REMINDER: For any new Level of Care Determination (LOCD) tool created in the CHAMPS system, the NPI number in the LOC 02 segment must match that of the NPI conducting the LOCD tool. The LOCD tool will remain incomplete until they match with the following status: **LOCD complete waiting LOC**.

November 10, 2015: Attention ALL Providers: UPDATE: This is an update to the message posted October 30, 2015 related to access to Predictive Modeling Request for Documentation Letters within CHAMPS archived documents being temporarily unavailable. Effective November 9, 2015, Requests for Documentation Letters can be accessed within CHAMPS archived documents. Providers with further questions can contact Provider Support by email at ProviderSupport@Michigan.gov or by phone at 1- 800-292-2550.

November 10, 2015: Attention ALL Providers: Due to maintenance activities, the FileNet system will be down between 6:00 PM and 11:59 PM Thursday, November 12th, 2015. Providers will not be able to search Archived Documents, Complete EHR applications, View Paper Claims and/or use DMP application/faxes during this time. We apologize for any inconvenience.

November 10, 2015: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, November 14th and 6:00 AM Sunday, November 15th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

November 9, 2015: Attention Dental Providers: Effective January 1, 2016, the Michigan Department of Health and Human Services (MDHHS) is converting the MICHild program to a Medicaid expansion program. Although individuals will be enrolled in a Medicaid expansion program, the program will continue to be referred to as the MICHild program.

All MICHild eligible children will receive dental services only through Delta Dental/ Healthy Kids Dental program. MICHild dental benefits will be identical to the current Healthy Kids Dental benefits. Beneficiaries currently receiving dental services through Golden Dental will be transitioned to the Delta Dental/Healthy Kids Dental program and will receive a letter about this transition. Providers are to complete any dental procedures that are in progress.

If you are not currently enrolled with Delta Dental, please contact Delta Dental for enrollment and billing requirements. Please be reminded, Michigan Medicaid policy requires verification of a beneficiary's eligibility information prior to rendering services.

MDHHS will continue to provide update notices throughout this conversion. Please visit the [MICHild Provider](#) website for more information. Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov

November 02, 2015: Attention ALL Providers: Currently the hyperlink within CHAMPS to view "Commercial/Other" Third Party Liability (TPL) information is disabled in error for beneficiaries who do not have an active Medicaid (MA) benefit plan but have active coverage through another benefit plan (example, beneficiaries with Children's Special Health Care Service (CSHCS) only coverage). This defect will be corrected at a later date and until resolved, providers can use alternate tools to verify other insurance information for these beneficiaries.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov

October

October 30, 2015: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) is currently reviewing Predictive Modeling processes. Due to this review, access to Predictive Modeling Request for Documentation Letters within CHAMPS archived documents are temporarily unavailable. Additional information will be posted as it becomes available. We apologize for any inconvenience.

Providers with further questions can contact Provider Support by email at ProviderSupport@Michigan.gov or by phone at 1-800-292-2550.

October 29, 2015: Attention Nursing Facilities, PACE, MICHoice and MIHealth Link Plans: The Michigan Medicaid Nursing Facility Level of Care (LOCD) will not be available at its current location beginning Thursday, October 29th, 2015 at 5:00 PM. The LOCD application will be migrated to the CHAMPS system. All online LOCDs created in the current legacy system as of October 29th, 2015 will be migrated to the CHAMPS LOCD system over the weekend.

Providers may begin entering online LOCDs on Monday, November 2nd, 2015 and must have an LOCD profile to complete an LOCD. Please do not recreate online LOCDs in CHAMPS that you created in the legacy LOCD system.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

October 28, 2015: System Outage: Due to a CHAMPS system release, the CHAMPS system will be down between 7:00 PM Friday, October 30th, 2015 and 2:00 AM on Saturday, October 31st, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this causes.

October 26, 2015: Attention Outpatient Hospital Providers: In alignment with MSA policy bulletin [15-38](#): *Effective for dates of service on and after October 1, 2015, the outpatient hospital non-emergency room visit copayment requirement will no longer apply to outpatient hospital claims billed with Revenue Code 0451 without Revenue Code 0452.* CHAMPS system updates to the claim editing will not take place until the December 11, 2015 release. After the December release, MDHHS will adjust any affected claims to allow them to correctly adjudicate and no longer apply a copayment

October 21, 2015: Attention ALL Providers: The Michigan Department of Health and Human Services (MDHHS) Provider Relations Section would like to hear from you. In an effort to plan for upcoming training webinars and provide the best resources to suit your needs, your assistance is needed. Please participate in a [short survey](#) to indicate your topics of interest. This survey will remain open until Friday, November 6, 2015.

October 21, 2015: Attention ALL Providers: Effective September 25, 2015, a change was made to the CHAMPS system. This change modified the provider view for the Member Eligibility Inquiry screen. If a member no longer has active Medicaid, the hyperlink to view "Commercial/Other" Third Party Liability (TPL) information is disabled. Because TPL does not always maintain TPL/Other Insurance information for members that do not have active Medicaid coverage, this information was disabled to prevent inaccurate information from being reported.

October 20, 2015: Attention ALL Providers: Effective October 26, 2015, the MDHHS Third Party Liability (TPL) [Update Other Insurance Now! Online form](#) will be updated. You will now receive a confirmation number when you submit your request. If an email address is added within the Requestor Information section, once TPL completes your request, you will receive an email with the confirmation number and the status of your request. Please allow up to 10 business days for information to be verified and updated in the system. Please check your spam or junk email folders if you do not receive the email after 10 business days. Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

October 19, 2015: Attention Hospice Providers: Effective January 1, 2016, the following billing requirements are being recommended to all Hospice providers: Routine Home Care Hospice for Hospice claims submitted on/after November 1, 2015, Hospice Certification Date (Occurrence Code 27 & Date) must be reported on every Hospice claim. Hospice claims submitted to MDHHS must be in date sequence order. Please ensure payment is received for the initial Hospice month prior to submitting claims for subsequent months. When applicable, the date of death must be reported using Occurrence Code 55 and Date. Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

October 14, 2015: Attention ALL Providers: MDHHS would like to remind providers to check CHAMPS or DEG inboxes weekly for 835/ERA files. 835/ERA files are posted weekly and remain posted for a period of ten days. For further questions, please contact AutomatedBilling@Michigan.gov.

October 7, 2015: Attention All Providers: In compliance with CMS guidance, any Predictive Modeling Request for documentation letter will now advise providers that the time frame allowance to submit the required medical records has been increased from 30 days to 45 days.

October 7, 2015: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, October 10th, 2015 and 6:00 AM Sunday, October 11th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

October 01, 2015: Attention Hospice Providers: Effective October 1, 2015, four Michigan Core Based Statistical Area (CBSA) codes (24340, 99923, 26100, 47644) will be eliminated. Providers will need to report a new CBSA code assigned by the Centers for Medicare & Medicaid Services (CMS). This is due to changes in the fiscal year (FY) 2016 [Hospice Wage Index](#) and a transition to revise geographic area delineations.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov.

September

September 24, 2015: Attention ALL Providers: Michigan Department of Community Health (MDCH) and Michigan Department of Human Services (MDHS) has recently merged to form Michigan Department of Health and Human Services (MDHHS). Effective October 1st, 2015, the merge of MDCH and MDHS websites will be completed. There may be a time period where links are broken and pages may not function correctly during this merger process. MDHHS will be working ongoing to correct these issues during this website merge. Thank you in advance for your patience.

If you are unable to find something on the new website, please contact ProviderOutreach@Michigan.gov or MSAPolicy@Michigan.gov for assistance.

September 22, 2015: System Outage: Due to a CHAMPS major release deployment, the CHAMPS system will be down between 7:00 PM Friday, September 25th 2015 and 2:00 AM Saturday, September 26th 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

September 09, 2015: System Outage: Due to CHAMPS Interim release deployment and CHAMPS monthly maintenance activities, the CHAMPS system will be down between 6:00 PM Saturday, September 12th, 2015 and 6:00 AM Sunday, September 13th, 2015. This outage will affect the system access for all functionality.

August

August 27, 2015: Attention ALL Providers: Due to unanticipated systems issues, some beneficiaries did not receive timely Medicaid coverage.

While this issue has been resolved, MDHHS is notifying affected beneficiaries and providers and is providing further direction on how both may receive appropriate reimbursement. Providers who had claims denied for eligibility edits for Medicaid beneficiaries in the groups as outlined in [L-letter 15-48](#), are directed to resubmit those claims for consideration by March 31, 2016. Claims with dates of service greater than 12 months from the date of submission need to have "MAGI Corrective Action" reported in the claim notes section (HIPAA transaction NTE segment Loop 300) in order for the claim to process correctly. MDHHS also asks providers for patience when taking action against those beneficiaries with an outstanding balance, and encourages providers to delay initiation of any collections proceedings until affected claims are submitted and reprocessed.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov

August 26, 2015: Attention Ambulance Providers: The system issue that is currently denying claims with CARC 18, exact duplicate claim/service, has been corrected. The system has been updated and the claims can now be rebilled. Please provide the appropriate Patient Account Number (Run number) on each claim when billing for two exact separate transports on the same date of service. The Ambulance Multiple run billing policy can be reviewed in the [Medicaid Provider Manual](#) under Billing and Reimbursement for Professionals Chapter, Section 7.2.B. Multiple Transports per Beneficiary; and Billing and Reimbursement for Institutional Providers Chapter, Section 7.3.B. Multiple Transports per Beneficiary.

Providers with further questions can contact Provider Support by email ProviderSupport@Michigan.gov or by phone 1-800-292-2550.

August 20, 2015: Attention Inpatient Hospital Providers: Inpatient Hospital confinements that contained a "from" 2013 date of service spanning to a "through" 2014 date of service, may have inadvertently reflected an inaccurate reimbursement amount. Claims affected have been recycled and will begin to appear on your remittance advice by September 3, 2015. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

August 19, 2015: Attention ALL Providers: Core 270/271: Real-time Eligibility transactions were experiencing session time-outs between 6:00 and 7:30pm on August 18, 2015. The issue has been resolved and we currently monitoring the system to ensure all services are running normal. We apologize for any inconvenience.

August 14, 2015: Attention ALL Providers: Intermittent Delays: Due to CHAMPS system maintenance, 270/271 files are experiencing intermittent delays. Our system continues to be monitored closely and additional information will be posted as it becomes available. We apologize for any inconvenience.

August 11, 2015: Attention Outpatient Hospital Providers: April 2015 Quarterly APC & ASC software was loaded to CHAMPS on May 9, 2015. There will be a delay in loading the July 2015 Quarterly APC & ASC software until September 12, 2015. Claims with dates of service on or after July 1, 2015 will be adjusted or resurrected to process using the appropriate software version.

Providers with further questions can contact Provider Support by email ProviderSupport@Michigan.gov or by phone 1-800-292-2550.

August 11, 2015: Attention Hearing Providers: The Michigan Early Hearing Detection and Intervention (EHDI) program collaborates with professionals to promote newborn hearing screening, diagnostic hearing testing, and early intervention for newborns and young children with hearing loss. The Michigan Medicaid State Plan is an agreement between the state and federal government that identifies the general health care services, reimbursement, and eligibility policies in effect under Michigan Medicaid.

Currently, Medicaid is offering virtual training sessions to help hearing providers navigate the billing system to help decrease errors in billing and to help ensure a smooth reimbursement process. Please take the time to provide your input and training needs by responding to this [survey link](#) by September 1, 2015.

August 11, 2015: Attention ALL Providers: MDHHS would like to remind providers of current Medicaid policy as outlined within the Medicaid Provider Manual, Practitioner Chapter, Section 3.13.A. Coverage of the Injectable, "When administering a dose drawn from a multi dose vial, only the amount administered to the beneficiary is covered. If a drug is only available in a single use vial and any drug not administered must be discarded, the amount of the drug contained in the vial is covered."

Providers with further questions can contact Provider Support by email ProviderSupport@Michigan.gov or by phone 1-800-292-2550.

August 04, 2015: System Outage: Due to a CHAMPS interim release deployment and CHAMPS monthly maintenance activities, the CHAMPS system will be down between 6:00 PM Saturday, August 8th 2015 and 6:00 AM Sunday, August 9th 2015. This outage will affect the system access for all functionality. We apologize for any inconvenience this causes.

August 04, 2015: Attention Managed Care (MC) Inpatient and Outpatient Hospital Providers: UPDATE: In regards to the message posted July 28, 2015 related to the April FD622 MC (for Managed Care Encounter Data) reports for April 5, 12, 19, and 26th, 2015 pay cycle dates, most of these reports for April payroll are now complete. However, due to system issues, the FD622 MC Outpatient report for April 5, 2015 payroll date is still in the process of being re-run with an expected completion date of August 5, 2015.

Providers with further questions can contact Provider Support by email ProviderSupport@Michigan.gov or by phone 1-800-292-2550.

July

July 28, 2015: Attention Managed Care (MC) Inpatient and Outpatient Hospital Providers: Due to a system issue, the April FD622 MC (for Managed Care Encounter Data) reports will be purged and reloaded for April 5, 12, 19, and 26th, 2015 paycycle dates. These reports will be completed by August 4th, 2015.

Providers with further questions can contact Provider Support by email ProviderSupport@Michigan.gov or by phone 1-800-292-2550.

July 27, 2015: System Outage: Due to a CHAMPS interim release deployment, the CHAMPS system will be down between 7:00 PM and 11:00 PM Friday, July 31st 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this causes.

July 16, 2015: Attention ALL Providers: Based on provider feedback, MDHHS is implementing improved changes to our Provider Support Services automated phone options. Effective July 20, 2015, the phone options are changing as follows

Main Menu:

Option 1: Medicaid Beneficiaries Only

Option 2: Adult Foster Care and Home Help (Chore) Services Option 3: All claims status and payment related questions

Option 4: All non-claims questions including assistance with Provider Enrollment

Providers with further questions may contact Provider Support by phone at 1-800-292- 2550 or email ProviderSupport@Michigan.gov

July 13, 2015: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov

July 07, 2015: Attention ALL Providers: Based on provider feedback, MDHHS is implementing improved changes to our Provider Support Services automated phone options. Effective July 20, 2015, the phone options are changing as follows:

Main Menu:

Option 1: Medicaid Beneficiaries Only

Option 2: Adult Foster Care and Home Help (Chore) Services Option 3: All claims status and payment related questions

Option 4: All non-claims questions including assistance with Provider Enrollment

Providers with further questions may contact Provider Support by phone at 1-800-292- 2550 or email ProviderSupport@Michigan.gov

July 07, 2015: System Outage: Due to a CHAMPS major release deployment and CHAMPS monthly maintenance activities, the CHAMPS system will be down between 2:00 PM Saturday, July 11th 2015 and 6:00 AM Sunday, July 12th 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

July 01, 2015: Attention ALL Providers: As part of the Document Management Portal (DMP) update on June 26, 2015, DMP is now compatible with different browsers and versions including: IE 8-11, Mozilla Firefox and Google Chrome. If you are experiencing issues with these changes in DMP, please follow these instructions to delete your browser's cache: [DELETING CACHE INSTRUCTIONS](#).

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov

June

June 23, 2015: Attention Inpatient and Outpatient Hospital Providers: MDHHS misidentified Title XIX as Title XVIII claims on the FD-622 reports for both Fee for Service (FFS) and Managed Care (MC). MDHHS will be re-running FD-622 reports beginning June 22, 2015 until completed for both the CVS and PDF versions beginning with the May 7, 2015 pay cycle date up to the current pay cycle date.

Providers with further questions can contact Provider Support by email ProviderSupport@Michigan.gov or by phone 1-800-292-2550.

June 23, 2015: System Outage: Due to a CHAMPS major release deployment, the CHAMPS system will be down between 7:00 PM Friday, June 26th 2015 and 2:00 AM Saturday, June 27th 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

June 03, 2015: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, June 13th through 6:00 AM Sunday, June 14, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

May

May 28, 2015: Attention Inpatient Hospital Providers: As part of the CHAMPS update on April 24, 2015, inpatient hospital claims processed and denied with RARC N47 (15 day readmission). Providers can now view the paid inpatient claim that is causing their current claim to deny if the paid claim was to a different or the same facility by utilizing the claim limit list function within CHAMPS.

To find the paid claim, locate the current denied claim within CHAMPS claim inquire and select the TCN number and the service line ending in '01' of the denied claim and choose claim limit list from the show drop-down box. The current claim displayed will be the current denied claim and the history claim displayed will be the paid claim. For further instructions follow the [Claim Limit List tutorial](#).

Providers with further questions may contact Provider Support by phone 1-800-292- 2550 or email ProviderSupport@Michigan.gov.

May 28, 2015: Attention ALL Providers: Effective June 1, 2015 MDHHS Third Party Liability (TPL) has updated the Pending TPL Void Letter and Report. The content of the letter and report remains the same, only the view has changed. As part of the update, one report will now be generated for BCBS, Commercial and Medicare primary beneficiaries. These were previously separate generated reports. Providers can still access the Pending TPL Void Letter and Report within CHAMPS archived documents. For further instructions on finding the information within CHAMPS please visit: <http://www.Michigan.gov/mdch/0,4612,7-132-2943-343541--,00.html>.

Providers with further questions may contact Provider Support by phone 1-800-292- 2550 or email ProviderSupport@Michigan.gov

May 28, 2015: Attention ALL Providers: The Data Exchange Gateway (DEG) will be unavailable on Saturday, May 30, 2015 from 10:00 AM to 4:00 PM EST. Please refrain from submitting files during this maintenance period. Please contact AutomatedBilling@Michigan.gov if you require further assistance. We apologize for any inconvenience this may cause.

May 21, 2015: Attention ALL Providers: MDHHS would like to remind providers of current Medicaid policy for newborn billing. [Medicaid Provider Manual](#), Beneficiary Eligibility Chapter, Section 7: Newborn Child Eligibility: If the mother is enrolled in a Medicaid Health Plan (MHP) at the time of delivery, the newborn's services are also the responsibility of the MHP unless the child is placed in foster care. Providers are encouraged to check the MHP of the mother when rendering services for newborns in order to ensure services are being billed to the correct and appropriate payer.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov

May 19, 2015: Attention ALL Providers: As part of the June 26 update within CHAMPS, starting with Remittance Advice July 2: To comply with ACA guidelines, MDHHS will change the way the Claim Adjustment Reason Code (CARC) is reported on the 835 and Paper Remittance Advice. CARC 22 will be replaced with CARC 23 - the impact of prior payer(s) payments and/or adjustments. CARC 22 will continue to be reported for when a claim denies for Other Insurance that was not reported on the claim. Providers are encouraged to review their internal systems to see if changes are needed for automatic posting of remittance advices.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov

May 19, 2015: Attention Vision Providers: MDHHS would like to remind providers of current Medicaid policy for vision frames and lenses. Medicaid Provider Manual, Vision Chapter, Section 1: Vision providers (e.g., opticians, dispensing ophthalmologists, optometrists) must order frames and lenses from the contractor. A list of lenses is available on the [MDHHS Vision Services Fee Schedule](#) located on the [MDHHS website](#). A list of available frames is available from the contractor which is currently Classic Optical Laboratories. This policy applies to beneficiaries that do not have current primary insurance coverage from either Medicare and/or other commercial insurance and are not enrolled in a Medicaid Managed Care Plan.

May 14, 2015: Attention Inpatient & Outpatient Hospital Providers: MDHHS will void Outpatient Hospital claims for 2012 dates of service to recover paid claims which were not processed in compliance with MSA policy bulletin 10-60 and L-letter 14-25. Beginning on pay cycle 21 (05/28/2015), the voided claims can be identified by the claim note "OPH 72 hrs rule, DOS 2012 void batch". Providers wanting to adjust their paid Inpatient claim to add the Outpatient charges will need to include "72 hour rule and the Outpatient credited TCN" in the notes or remarks of the Inpatient adjustment in order to bypass timely filing.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov

May 05, 2015: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, May 9th, 2015 thru 6:00 AM Sunday, May 10th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 01, 2015: System Outage: Due to system maintenance on the State of Michigan Single Sign On (SSO), the SSO and CHAMPS will be unavailable between 2:00 AM and 12:00 PM Sunday, May 3rd, 2015. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

April

April 24, 2015: Attention ALL Providers: Due to a system error, some providers who receive Electronic Funds Transfer (EFT) payments may have only received an 835 file and remittance advice (RA) showing denied claims for pay cycle 16 (4/23/15). Affected providers did receive their EFT payment but payment information was missing from the 835 file and RA. MDHHS has now completed 835 files and RAs for the paid claims information.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov

April 20, 2015: System Outage: Due to CHAMPS system maintenance, the CHAMPS system downtime will be down between 7:00 PM Friday, April 24, 2015 and 2:00 AM on Saturday, April 25, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

April 17, 2015: Attention Adult Home Help Services: MSA L-Letter 15-22 was inadvertently mailed to all Adult Home Help Services Providers. This L-Letter only pertains to Adult Home Help Services providers in the current MI Health Link demonstration counties: Alger, Baraga, Barry, Berrien, Branch, Calhoun, Cass, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Kalamazoo, Keweenaw, Luce, Mackinac, Macomb, Marquette, Menominee, Ontonagon, Schoolcraft, St. Joseph, Van Buren and Wayne. If you are an Adult Home Help Services Provider not within one of these demonstration counties, please disregard this L-Letter as you are not affected by this change.

April 15, 2015: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov

April 07, 2015: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, April 11th thru 6:00 AM Sunday, April 12th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

March

March 31, 2015: Attention Nursing Facility and Waiver Agency Providers: UPDATE: In regards to the message posted March 10, 2015 related to the Level of Care Determination (LOCD) tool, the CHAMPS system issue with adding the beneficiary identification number to a LOCD tool where the beneficiary's active benefit plan was other than Medicaid Fee for Service (FFS) has been corrected. For those LOCD's affected, providers are now able to go back into the LOCD and add the beneficiary ID number.

March 31, 2015: Attention ALL Providers: As part of the April 24th update within CHAMPS, MDCH will no longer report Claim Adjustment Reason Codes (CARC) with a zero dollar amount on the electronic 835 and Remittance Advice. Claims denied for multiple CARC's will only have one CARC reported at the line level but will have all Remittance Advice Remark Codes (RARC) reported. Providers are encouraged to review their internal systems to see if changes are needed for automatic posting of remittance advices. Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov

March 27, 2015: Attention ALL Providers: Due to the State of Michigan network maintenance activities, the following periodic outages may cause a delay for electronic files:
Core 270/271 Real-time transactions: Saturday March 28, 2015 5:00 PM - 9:00 pm EST
Sunday March 29, 2015 Beginning at 6:00 AM EST and ending Monday, March 30, 2015 at 2:00 AM EST

Batch 270/271: There may be a delay in receiving batch 271 response files for 270 files submitted after 7:00 PM EST, Friday March 27, 2015. We apologize for this inconvenience. Please contact AutomatedBilling@Michigan.gov with questions or concerns.

March 24, 2015: Attention Outpatient Hospital Providers: All Outpatient Hospital claims with dates of service on or after 1/01/2015 will be adjusted or resurrected to process using the newly loaded January APC software updates and will begin to appear on pay cycle 13 (4/02/15 remittance advice). Adjusted claims can be identified by the claim note "APC Jan 2015 quarterly updates." For further information, providers can review [how to verify the Adjustment Source of your claim](#). Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov

March 16, 2015: Attention Professional Providers: MDCH would like to remind providers of current Medicaid policy as outlined within the Medicaid Provider Manual, Billing & Reimbursement for Professionals Chapter, Section 6.4 Ancillary Medical Services, "Immunizations must be reported using the administration fee code(s) and the code identifying the type of vaccine given". In April 2015, MDCH will begin voiding paid claims that reported the administration code without the corresponding immunization code. Medicare primary claims will not be included in these voids. Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov

March 10, 2015: System Outage: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, March 14, 2015 thru 6:00 AM Sunday, March 15, 2015. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

March 10, 2015: Attention Nursing Facility and Waiver Agency Providers UPDATE: When attempting to add the beneficiary identification number to a Level of Care Determination (LOCD) tool where there is eligibility other than MA, MA-HMP or Spend-down, the following error code is once again being displayed: "LOCD may not be conducted for private pay individual; MA not active as of the date of this LOCD." Until the issue is corrected, MDCH asks providers to continue to conduct LOCD as outlined in current policy.

March 05, 2015: System Outage: Due to CHAMPS interim release deployment, the CHAMPS system will be down between 7:00 PM and 11:00 PM on Friday, March 6th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

February

February 19, 2015: System Outage: Attention All Providers: Due to CHAMPS system maintenance, the CHAMPS system will be down between 7:00 PM Friday, February 27, 2015 through 2:00 AM on Saturday, February 28, 2015 with the exception of Core 270/271 real-time transactions which will be down between 7:00 PM and 11:00 PM on Friday, February 27, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

February 11, 2015: System Outage: Attention All Providers: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, February 14th through 6:00 AM Sunday, February 15, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

February 04, 2015: Attention Nursing Facility and Waiver Agency Providers: **UPDATE:** In regards to the message posted January 8, 2015 related to the Level of Care Determination (LOCD) tool, the CHAMPS system issue with adding the beneficiary identification number to a LOCD tool where the beneficiary's active benefit plan was other than Medicaid Fee for Service (FFS) has been corrected. For those LOCD's affected, providers are now able to go back into the LOCD and add the beneficiary ID number.

February 04, 2015: Attention Home Health Providers: Home Health Agencies are reminded that in accordance with the Medicaid Provider Manual, HCPCS code G0154 (Direct skilled Nursing Services of a Licensed Nurse in the Home Health Setting) cannot be billed when a Medicaid beneficiary is receiving private duty nursing (PDN) services (HCPCS code T1000). Specifically, the Medicaid Provider Manual, Home Health Chapter, Section 6 states; "Intermittent nurse visits are not covered for a beneficiary receiving Private Duty Nursing Services." When PDN is authorized, the expectation is that all skilled nursing services will be rendered by the PDN, and therefore, intermittent nurse visits by a home health agency would be duplicative. An enhancement to CHAMPS is under development to prevent the ability to bill HCPCS code G0154 when PDN has been authorized. Recoveries will be initiated to address this duplication of service.

February 03, 2015: Attention Vision Providers: Providers who order services must be listed correctly on the DCH-0893 submitted to the MDCH Vendor (currently Classic Optical). Box 3 of the DCH-0893 requires the provider to enter the Ordering Provider NPI Number. Providers must enter the individual NPI of the provider that is ordering the glasses/lenses or other equipment from Classic Optical. Please refer to policy bulletins [MSA 12-55](#) and [MSA 13-17](#) for further information.

January

January 30, 2015: Attention Ambulance Providers: Effective for claims submitted on and after February 1, 2015, MDCH is implementing new claim submission requirements that apply to claims for multiple ambulance transports rendered to the same beneficiary on the same date of service. Multiple transports provided on the same date of service must be reported on separate lines and include the origin and destination modifier with both the base rate and mileage procedure codes. Modifier 22 is no longer required. The use of modifier 22 will result in claim suspension and may delay in resolution. Providers are encouraged to review [MSA 14-65](#) for further information.

January 28, 2015: Attention Nursing Facility and Waiver Agency Providers: After the CHAMPS December 12, 2014 update, when Nursing Facility and Waiver Agencies attempt to add the beneficiary identification number to a Level of Care Determination (LOCD) tool and the beneficiary's active benefit plan is other than Medicaid Fee for Service (FFS), the following error code is displayed: "LOCD may not be conducted for private pay individual; MA not active as of the date of this LOCD." Until the issue is corrected, MDCH asks providers to continue to conduct LOCD as outlined in current policy.

January 28, 2015: Attention ALL Providers: Effective January 5, 2015, the United States Postal Service (USPS) announced that the standard for first class mail delivery has changed from 1-2 days to 2-3 days for all regions of Michigan. MDCH will make every effort to mail paper warrants and paper remittance advices as early as possible. However, this change in the standard for the first class mail delivery may increase the likelihood that some providers may experience a delay in receiving paper warrants and paper remittance advices.

MDCH would like to encourage providers to sign up for Electronic Funds Transfer (EFT) and receive electronic remittance advices by end dating the paper RA location address within their CHAMPS enrollment information.

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov

January 26, 2015: Attention Professional Providers: As part of the December 12, 2014 CHAMPS update, there is an update to the Children's Special Health Care Services (CSHCS) editing of claims. For professional claims, if the rendering provider NPI is enrolled as a Nurse Practitioner or Physician Assistant, the rendering provider NPI does not need to be authorized by CSHCS if the referring, ordering, or supervising NPI is an authorized provider within the client file. These claims will no longer deny for the rendering NPI not being authorized.

January 21, 2015: Attention All Providers: System maintenance for the Data Exchange Gateway (DEG) is scheduled for Saturday, January 24, 2015. The scheduled down time is between 8:00 A.M. and 5:00 P.M. There will also be a brief period of down time on Sunday, January 25, 2015 between 9:00 A.M. and 12:00 P.M. Please do not submit any files during this time period.

January 16, 2015: **Attention ALL Providers:** The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#). Providers with further questions can contact provider support by phone# 1-800-292- 2550 or by email: ProviderSupport@Michigan.gov

January 15, 2015: Attention Outpatient Hospital Providers: CMS has approved G0463 as a payable HCPCS code within the Plan First benefit plan. The CHAMPS system has recently been updated to reflect this change. For dates of service on or after January 1, 2014, MDCH will resurrect Outpatient Hospital claims billing HCPCS code G0463 that were denied due to the beneficiary being enrolled with the Plan First benefit plan on the date of service. The resurrected claims will begin to appear on pay cycle 4 dated January 29, 2015 and identified with the claim note "OPH Claims with G0463 proc. code and Plan First benefit plan". Providers with further question can contact provider support by phone 1-800-292-2550 or email providersupport@Michigan.gov

January 06, 2015: System Outage: Attention All Providers: Due to system maintenance, the CHAMPS system will be down between 6:00 AM Saturday, January 10th, 2015 through 9:00 PM Sunday, January 11th, 2015 with the exception of Core 270/271 real-time transactions which will be down between 6:00 AM and 10:00 AM on Saturday January 10th, 2015. This outage will affect the CHAMPS system access for all functionality. We apologize for anyinconvenience.

[Return to top](#)

2014

December

December 23, 2014: System Outage: Due to CHAMPS system maintenance, the CHAMPS system will be down Wednesday, December 31, 2014 between 6:00 PM and 11:59 PM EST. Service will resume at 12:01 AM on Thursday, January 1, 2015. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

December 18, 2014: Attention ALL Providers: As part of the December 12, 2014 CHAMPS update, there is an update to the Children's Special Health Care Services (CSHCS) editing on claims. For professional claims, if the rendering provider NPI is a physician provider type and has one of the following specialties within their enrollment information: Anesthesiology, Pathology, Radiology, MRI or CAT scan; the rendering provider NPI does not need to be authorized by CSHCS if the referring or ordering or supervising NPI is an authorized provider on the client file. These claims will no longer deny for the rendering NPI not being authorized.

December 17, 2014: Attention Nursing Facility Providers: UPDATE: In regards to the message posted December 12, 2014 related to Medicare Advantage Plan Coinsurance claims, Third Party Liability is in the process of identifying and adding the Medicare Advantage Plan Coinsurance rates. Until this process is complete, if a provider chooses to adjust an incorrectly paid claim, and it pays the same, please understand that the rate may not yet be verified and/or loaded.

December 15, 2014: Attention Inpatient Hospital Providers: Effective for discharge dates on or after January 1, 2015, claims that fail the newborn claim reporting edits for newborn priority (type of) admission or visit and newborn birth weight will be denied. Providers are encouraged to review current MSA policy bulletins [14-34](#) and [14-59](#) for reporting information. Claims denied for incorrect type of admission can be identified with claim adjustment reason code (CARC) 16 and remittance advice remark code (RARC) MA42 or MA41. Claims denied for incorrect, invalid or non-reporting of the newborn birth weight can be identified with CARC 16 and RARC N207.

Providers with further questions can contact provider support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov

December 15, 2014: Attention Outpatient Hospital Providers: MDCH has resurrected Outpatient Hospital claims billing the L1 modifier for dates of service 1/1/14 which adjudicated on or after July 2014 remittance advice date. These claims can be identified with the claim note "APC July 2014 quarterly updates. Modifier L1 resurrects" and will begin processing on pay cycle 52 (12/23/14 remittance advice). [How to verify the adjustment source of your claim](#)

December 15, 2014: Attention ALL Providers: Health Savings Accounts (HSAs) are not considered to be commercial health insurance. Therefore, this type of asset does not need to be reported to Third Party Liability (TPL). Since these are counted as "assets," the beneficiary should report this to their DHS worker.

December 12, 2014: Attention Nursing Facility Providers: As part of the December 12, 2014 CHAMPS system update, Medicare Advantage Plans Coinsurance claims that do not mirror Medicare Fee-for-Service will correctly adjudicate. To ensure proper adjudication of these Medicare Advantage Plan Coinsurance claims, other insurance information must be reported as listed in the member's Third Party Liability (TPL) file under Medicare Part C.

December 11, 2014: Attention ALL Providers: This is a reminder that effective December 12, 2014, EZ Link portal and Fax numbers will no longer be an available option to submit claim documentation for the following: Consent Forms, Medical Documentation, and Predictive Modeling. Please refer to [MSA Policy Bulletin 14-06](#) for more information and instructions on the Documental Management Portal (DMP) tool within CHAMPS for electronically submitting supporting documentation to Medicaid for electronic claims.

December 09, 2014: System Outage: Due to CHAMPS system maintenance, the CHAMPS system will

be down between 2:00 PM on Saturday, December 13th 2014 to 6:00 AM on Sunday, December 14th 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

December 03, 2014: Attention ALL Providers: System maintenance for the Data Exchange Gateway (DEG) is scheduled for Saturday, December 13, 2014. The scheduled down time is between 9:00 A.M. and 5:00 P.M. Please do not submit any files during this period.

November

November 21, 2014: Attention Dental and Professional Providers: Beginning January 1, 2015 MDCH will begin enforcing claim processing edits on payments for provider services rendered in appropriate places of service. Claims denied for inappropriate place of service can be identified by claim adjustment reason code (CARC) 5 and remittance advice remark code (RARC) M77. Providers are encouraged to refer to appropriate provider-specific chapters of the [Medicaid Provider Manual](#) for further information.

November 21, 2014: Attention ALL Providers: System maintenance for the Data Exchange Gateway (DEG) is scheduled for Sunday, December 7, 2014. The scheduled down time is between 8:00 A.M. and 12:00 P.M. Please do not submit any files during this time period.

November 21, 2014: Attention Hearing Providers: MDCH is requesting input regarding your interest in the development of a virtual training specific to the needs of hearing providers. Please respond to this [survey link](#) by Friday December 19, 2014.

November 18, 2014: System Outage: Due to CHAMPS system maintenance, the CHAMPS system will be unavailable between 6:00 AM Friday, November 28th 2014 to 6:00PM on Saturday, November 29th 2014 with the exception of Core 270/271 real-time transactions which will be down between 6:00 AM and 10:00 AM on Friday November 28th. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

November 12, 2014: Attention ALL Providers: A tutorial containing screenshots has been created to provide clarification in determining beneficiary participation with Michigan Medicaid Healthy Michigan Plan (MA-HMP), Michigan Medicaid Healthy Michigan Managed Care (MA-HMP-MC), or a Prepaid Inpatient Health Plan (PIHP). Once beneficiary participation is identified, providers must contact the appropriate plan for any additional assistance or questions. [View the tutorial here!](#)

November 05, 2014: UPDATE: In regards to the message posted on September 23, 2014 for ALL Providers: MDCH Third Party Liability (TPL) will no longer add, update, or term records to match web-DENIS. Providers are asked to please contact Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) for any questions related to loaded coverage. If CHAMPS and/or web-DENIS indicate active BCBSM or BCN coverage, please follow all Coordination of Benefits (COB) rules when submitting Medicaid claims.

November 05, 2014: System Outage: Due to system maintenance, CHAMPS will be down 6:00 PM Saturday, November 8, 2014 thru 6:00 AM Sunday, November 9, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October

October 28, 2014: System Outage: Due to system maintenance, CHAMPS will be down between 7:00 PM through 11:00 PM Friday, October 31st, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October 09, 2014: Attention ALL Providers: A CHAMPS defect has been identified within Archived Documents for providers working in Internet Explorer (IE) Version 9. Providers are encouraged to [click here for Adobe setting instructions](#) to allow the CHAMPS Archived Documents to function properly while working in IE9 as well as multiple web browser platforms.

Providers with further questions can contact Provider Support by phone at 1-800-292-2550 or email to ProviderSupport@Michigan.gov

October 08, 2014: System Outage: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, October 11th, 2014 through 6:00 AM Sunday, October 12th, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

October 02, 2014: Attention ALL Providers: A defect has been identified within the new CHAMPS Eligibility Inquire screen. When users attempt to print eligibility information using the Print Member Summary hyperlink, the page does not print all displayed information. As a work around, users are encouraged to use the Print tool in the blue ribbon across the top of CHAMPS.



October 01, 2014: Attention ALL Providers: The new look of CHAMPS has encountered problems when users are working in Internet Explorer version 8 through 11. Providers using these versions of Internet Explorer are encouraged to clear the cache which should allow the screens to function properly. [Click here for instructions.](#)

Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email ProviderSupport@Michigan.gov

October 01, 2014: Attention ALL Providers: Due to a system issue with the CHAMPS interface file to MAIN during the current Pay Cycle 40, EFT's will be delayed by one day and issued on Friday October 3, 2014. Checks will be issued on schedule on Thursday October 2, 2014.

Providers with further questions can contact Provider Support at 1-800-292-2550 or by email ProviderSupport@Michigan.gov

October 01, 2014: Attention ALL Providers: Due to a system issue, some Fee-for-Service Healthy Michigan Plan (HMP) beneficiaries were incorrectly enrolled retroactively (instead of prospectively) into Health Plans for the months of April, May and June 2014. Claim voids will be initiated by MDCH and should appear on pay cycle 42 (10/16/2014). Providers will need to verify eligibility for these dates of service to determine which HMP Health Plan these beneficiaries are enrolled and submit the claim to that Health Plan within 60 days from the MDCH take back Remittance Advice date. Please note MSA L-letter 14-28 was only mailed to affected providers.

Providers with further questions can contact Provider Support at 1-800-292-2550 or by email ProviderSupport@Michigan.gov

September

September 30, 2014: Attention ALL Providers: Effective October 2, 2014, MDCH Third Party Liability (TPL) Update Other Insurance Now! Online form will be updated. While the look and feel of the form will be different, the information the requestor will submit on the form will remain the same. Some new added features include allowing the submission of information for multiple individuals and a drop-down menu of options for who is submitting the form. The form can be accessed at www.michigan.gov/ReportTPL

September 26, 2014: Attention ALL Providers: Effective Monday September 29th, 2014 the CHAMPS system will receive an update to screens which will change the look and feel. CHAMPS training is offered by MDCH and is posted on the MDCH [Provider Training website](#). Providers are encouraged to visit the website to register for upcoming trainings or schedule a one on one appointment.

September 23, 2014: Attention ALL Providers: Effective September 21, 2014, coverage that is received from Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) will be loaded directly into the CHAMPS TPL Coverage File. MDCH Third Party Liability (TPL) will no longer update these records unless changes are available in web-DENIS after the last load date of eligibility from the National Roster File. Providers are asked to please contact BCBSM/BCN for any questions related to loaded coverage.

September 23, 2014: System Outage: Due to CHAMPS major release, the CHAMPS system will be down between 7:00 PM on Friday, September 26th through 2:00 AM Saturday September 27th, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

September 15, 2014: Attention ALL Providers: Michigan Medicaid would like to remind providers of the opportunity to register your email-address or update your listserv subscriber preferences to access newly added topics for immediate updates. This is a great way to receive direct, immediate communication, including information specific to your provider specialty. Common updates include: training opportunities, CHAMPS system updates and outages, policy changes, and other important specialty specific alerts. [Click here to subscribe or update your listserv subscription](#) and receive updates and announcements delivered to you registered email address. You may unsubscribe at any time.

UPDATE: Attention FQHC Providers: In regards to the message posted on August 27, 2014 related to dental claims where the beneficiary does not have commercial dental insurance coverage on the claims date of service that were voided in error - MDCH will be unable to resurrect these claims on a future pay cycle. Provider must resubmit claims voided in error and enter the comment "TPL take back done in error."

September 09, 2014: Attention ALL Providers: Due to a Champs system issue, there is a delay in the posting of the acknowledgements (999). Any files that were submitted after 1:00 p.m. on September 9, 2014 were affected. MDCH is working to resolve this issue as soon as possible. Please email AutomatedBilling@Michigan.gov with any questions.

September 09, 2014: System Outage: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, September 13, 2014 thru 6:00 AM Sunday, September 14, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

September 09, 2014: Attention ALL Providers: Effective December 12, 2014, the EZ Link portal will no longer be an available option to submit claim documentation for the following: Consent Forms, Medical Documentation and Predictive Modeling. Please refer to MSA policy bulletin [14-06](#) for more information and instructions about the Documental Management Portal (DMP) tool within CHAMPS for electronically submitting supporting documentation to Medicaid electronic claims.

August

August 27, 2014: Attention FQHC Providers: MDCH has identified dental claims reported on the Michigan Department of Community Health Pending TPL Void Reports where the beneficiary does not have commercial dental insurance coverage on the claim date of service. MDCH has canceled the dental claims on the pending TPL void reports affected by this error with report date of August 6, 2014. In addition, dental claims that were previously voided in error will be resurrected on a future pay cycle. Providers with further questions can contact provider support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov

August 14, 2014: System Outage: Due to system maintenance the CHAMPS system will be down between 7:00 PM through 11:00 PM on Friday, August 15, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

August 04, 2014: System Outage: Due to system maintenance the CHAMPS system will be down between 6:00 PM Saturday, August 9, 2014 through 6:00 AM Sunday, August 10, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

July

July 24, 2014: System Outage: Due to system maintenance, the CHAMPS system will be down between 7:00 PM and 11:00 PM on Friday, July 25th 2014.

This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

July 21, 2014: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#). Providers with further questions can contact provider support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov.

July 16, 2014: Attention Hospital Providers: In compliance with MSA policy bulletin [10-60](#) and L-Letter [14-25](#), MDCH has initiated void claims for 2013 and 2014 dates of service for Outpatient Hospital claims which were billed within 3 days of the Inpatient claim. These void claims will begin to process on pay cycle 31 (07/31/14) and can be identified by claim note "OPH within 3 days of IPH". Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

July 09, 2014: Attention ALL Providers: Effective August 1, 2014, the prior informational edits for providers who do not have their billing agent associated to their NPI within CHAMPS will be set to deny and denial of claims may occur. The claim adjustment reason code used to communicate this issue was non-covered charges (CARC 96) and remittance advice remark code procedure for billing with group/referring/performing providers were not followed (RARC N55). Providers that receive this denial will need to update their Associated Billing Agent step within their Champs Enrollment.

July 09, 2014: Attention ALL Providers: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, July 12, 2014 thru 6:00 AM Sunday, July 13, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

July 08, 2014: Attention ALL Providers: The 2012 PERM error results have been updated and posted on the MDCH website. Please visit the Medicaid Provider Support website at www.michigan.gov/medicaidproviders and select the PERM PROVIDER EDUCATION hyperlink.

July 01, 2014: System Outage: Due to system maintenance, the CHAMPS system will be down between 5:00 PM and 9:00 PM Sunday, July 6th, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

June

June 20, 2014: Attention ALL Providers: Due to a system issue the Medicaid Health Plan Primary Care Physician (MHP PCP) information is not being returned on the 271 eligibility response file for individuals enrolled with MME-MC, MA-HMP-MC and CSHCS-MC benefit plans. Until this is resolved please verify eligibility via CHAMPS when verifying MHP PCP information for a beneficiary in one of the above-mentioned plans. If there is no PCP currently listed for the beneficiary then the hyperlink for the MHP PCP will be N and not display any PCP information.

The MHP PCP information for individuals with MA-MC benefit plan is returning on the 271 correctly. We apologize for any inconvenience that this may cause and we are working to get this corrected. Please email AutomatedBilling@Michigan.gov with any questions.

June 17, 2014: System Outage: Attention ALL Providers: Due to MDCH Single Sign-On (SSO) maintenance, the CHAMPS application will not be accessible Wednesday June 18th, 2014, Thursday June 19th, 2014 and Friday June 20th, 2014 between the times of 2:00am and 5:00am. This Outage will affect CHAMPS front end systems access via the MDCH Single Sign-On. We apologize for any inconvenience this may cause.

June 11, 2014: Attention Outpatient Hospital Providers: All paid claims with dates of service on or after 4/01/2014 will be adjusted with the newly loaded April APC software updates and will appear on pay cycle 26 (6/26/14). Adjusted claims can be identified by the claim note "APC April 2014 quarterly updates." For further information, please review [how to verify the Adjustment Source of your claim](#)

June 11, 2014: Attention Inpatient & Outpatient Hospital Providers: As part of the most recent CHAMPS update, claims are now processing in alignment with current MSA policy bulletin 10-60. Effective for DOS on and after January 1, 2011, MDCH will follow Medicare's policy for all preadmission diagnostic services and other preadmission services. All non-diagnostic services rendered in the three day window prior to the inpatient hospital admission may not be billed separately and must be bundled into the inpatient stay, unless the hospital can document they are unrelated services.

Claims can be identified with Claim Adjustment Reason Code (CARC) 96 and Remittance Advice Remark Code (RARC) M2.

June 10, 2014: System Outage: Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, June 14th through 6:00 AM Sunday, June 15th, 2014. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

June 06, 2014: Attention ALL Providers: Due to a system update and the MDCH Other Insurance Claims Unit (formerly Third Party Liability Claims Processing Unit) claims review process, some providers may experience a delay in payment.

June 03, 2014: System Outage: Due to system maintenance, CHAMPS will be down between 5:00 PM Saturday, June 7, 2014 thru 1:00 AM Sunday, June 8, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May

May 21, 2014: ATTENTION TRADING PARTNERS AND BILLING AGENTS: Automated Billing for Michigan Medicaid announces an opportunity to register your email address for immediate updates. This is a great way to receive direct, immediate communication. Common updates will include: training opportunities, CHAMPS system updates and outages, and other important automated billing specific alerts. [Click here to subscribe](#) and receive updates for Automated Billing announcements delivered to your registered email address. You can unsubscribe at any time.

May 20, 2014: System Outage: Due to system maintenance, CHAMPS will be down between 7:00 PM Friday, May 30, 2014 thru 2:00 AM Saturday, May 31, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 09, 2014: Attention Nursing Facility Providers: When billing for days that include coinsurance, all Medicare insurance payments and CARC information must be reported as listed on the Explanation of Benefits (EOB) received by Medicare. Refer to the Medicaid Provider Manual – 8.16 MEDICARE - MEDICAID NURSING FACILITY CROSSOVER CLAIMS WITH GROUP HEALTH INCORPORATED (GHI) (COORDINATION OF BENEFITS). Claims reported with missing or incomplete Medicare payment information will be denied.

May 06, 2014: System Outage: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday May 10th, 2014 thru 6:00 AM Sunday, May 11th, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

May 06, 2014: Attention ALL Providers: Due to a CHAMPS system issue, The Fee for Service (FFS) Remittance Advice (RA) and Electronic Funds Transfer (EFT) payments will be delayed by one day. Warrants are unaffected by this issue and will remain on schedule.

April

April 16, 2014: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

April 15, 2014: Attention ALL Providers: MDCH Third Party Liability (TPL claims processing) has identified and will adjust claims which were incorrectly over paid in CHAMPS by not reducing payment correctly when there was more than one service line of other insurance information reported. Current policy outlined in the Medicaid Provider Manual within the Coordination of Benefits chapter, "MDCH payment liability for beneficiaries with other insurance is the lesser of the beneficiary's liability (including coinsurance, copayments, or deductibles), the provider's charge minus contractual adjustments, or the maximum Medicaid fee screen minus the insurance payments." These claims may be identified by the following note: **"adjustments – Lesser of Logic correction."**

April 15, 2014: Attention ALL Providers: MDCH Third Party Liability (TPL claims processing) will be adjusting claims to correct a system defect within CHAMPS which allowed claims and service lines to process for payment in error. The other payers claim adjustment reason codes (CARC) were not appropriate for Medicaid to make reimbursement based upon current policy outlined in the Medicaid Provider Manual within the Coordination of Benefits chapter "MDCH does not pay for services denied by Medicare or other insurance plans due to noncompliance with Medicare or other insurance plan requirements." These claims may be identified by the following note: **"CARC reported does not allow payment."**

April 15, 2014: Attention ALL Providers and Trading Partners: Due to the Heartbleed virus, all accounts interfacing with the State of Michigan's Data Exchange Gateway (DEG) system are required to change their passwords by 5:00 p.m. on Friday April 18, 2014. This includes all passwords associated with individual users as well as automated systems. If you do not change your password by this date and time, your password will be disabled and you will be unable to submit any files. If you have any questions, please contact AutomatedBilling@Michigan.gov

April 15, 2014: UPDATE: In regards to the message posted on April 7, 2014 for Institutional providers; providers should no longer be experiencing the DDE screen error message when entering a secondary or tertiary claim when the other payer's information does balance on the claim.

April 10, 2014: Attention Outpatient Hospital Providers: Due to APC software updates, MDCH has resurrected claims for dates of service on or after January 1, 2014, that previously denied for procedure code G0463. Providers can identify the affected claims by reviewing the claim note which will read "G0463 resurrections."

April 07, 2014: Attention Institutional Providers: Providers submitting secondary/tertiary claims through the CHAMPS portal using Direct Data Entry (DDE) with a claim adjustment reason code (CARC) reported at the header with a value ending in .00 are receiving the following message in error: "Total submitted charges is not equal to the sum of Payments and CARC amounts for payer" when the charges and other payers information does balance. Providers are encouraged to submit these claims through their electronic vendor until this defect has been resolved, a subsequent message will be posted once resolved.

April 07, 2014: System Outage: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, April 12, 2014 thru 6:00 AM Sunday, April 13, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

April 02, 2014: Attention ALL Providers: This is an update to the Biller B Aware posted on February 25, 2014, in reference to Section 1104 of the Affordable Care Act (ACA). As of March 28, 2014, MDCH will set informational edits which will be used to alert providers when their billing agent is not properly associated to their NPI within CHAMPS. The codes used to communicate this issue will be claim adjustment reason code (CARC) 96 -Non-covered charges and remittance advice remark code (RARC) N55 -Procedures for billing with group/referring/performing providers were not followed. Providers are encouraged to resolve this as soon as possible, by updating their Provider enrollment application within CHAMPS and associate the appropriate billing agent. Another Biller B Aware will be posted in the near future to inform providers of the date these edits will be changed to a deny level edit.

April 02, 2014: Attention Outpatient Hospital Providers: All paid claims with dates of service on or after 1/01/2014 will be adjusted with the newly loaded January APC software updates and will begin to appear on pay cycle 14 (4/03/14). Adjusted claims can be identified by the claim note "APC Jan 2014 quarterly updates". Please review the following for information on [how to verify the Adjustment Source of your claim](#).

April 02, 2014: Attention ALL Providers: Beneficiaries may have Medicare Advantage Plans with an additional Traditional or PPO BCBSM policy that includes medical and hospital coverage. "Federal regulations require that all identifiable financial resources be utilized prior to expenditure of Medicaid funds for most health care services provided to Medicaid beneficiaries." In most cases, the beneficiary has coverage with a Medicare Advantage plan and a BCBSM Traditional or PPO plan that covers medical and hospital services. Providers must bill all resources prior to billing Medicaid. Any questions on how to report other insurance information on your claims, please contact the Provider Hotline at 1-800-292-2550.

March

March 20, 2014: System Outage: Due to system maintenance, CHAMPS will be down Friday March 28, 2014, between 7:00 PM through 11:00 PM. This outage will affect CHAMPS system access for all functionality, we apologize for any inconvenience.

March 20, 2014: Attention Dental Providers: Since the initial release of CHAMPS in 2009, procedure code D9240 has paid in error when billed for places of service that are not appropriate based on the CDT description. The system has been corrected and MDCH will be performing adjustments to recover the incorrect payments as of 04/15/2014. To avoid financial hardship, providers are encouraged to adjust their claims prior to this date and include the following note "rebilling for change in place of service."

March 05, 2014: Attention ALL Providers: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, March 8 thru 6:00 AM Sunday, March 9, 2014. This outage will affect CHAMPS system access for all functionality. We apologize for any inconvenience this may cause.

March 03, 2014: Attention Nursing Facility Providers: Medicare Coinsurance rates for 2014 will not be loaded in CHAMPS until March 28, 2014. This is resulting in Coinsurance day claims, reporting value code 82, to be reimbursed at zero dollars in error. Once the 2014 Coinsurance rates have been loaded into CHAMPS MDCH will adjust any incorrectly paid claims.

March 03, 2014: Attention ALL Providers: Michigan Department of Community Health (MDCH) will be converting to the ADA 2012 and the CMS 1500 (Version 02/12) paper claim formats. Effective March 22, 2014, MDCH will be implementing a hard cut-over to the new formats for claim adjudication. Claims received using the previous formats on or after this date will be returned to the provider for resubmission utilizing the new claim forms. Providers are encouraged to review [MSA 14-07](#) for further information and guidelines.

February

February 25, 2014: Attention ALL Providers: Due to a problem with the eligibility system, eligibility for some beneficiaries was incorrectly showing SPENDOWN and Medicare primary indicating that the beneficiary was enrolled within the Special Low Income Medicare Beneficiary (SLMB) benefit plan. If a claim denial with claim adjustment reason code (CARC) 31 was received, providers should re-verify eligibility for that date of service and re-bill any claim(s) if necessary.

February 25, 2014: Attention ALL Providers: Per Section 1104 of the Affordable Care Act (ACA), MDCH will begin enforcing providers who submit Fee for Service (FFS) electronic claims to verify eligibility or claim status.

Within CHAMPS Provider Enrollment, providers will need to verify that all appropriate Billing Agents who submit any electronic transactions on their behalf are listed. Billing Agents have received a letter regarding this association requirement which included their CHAMPS Billing Agent/Provider ID, as well as how they can review which providers currently are associated to them within CHAMPS. However, this association can only be made by the provider.

Providers must go into their CHAMPS Provider Enrollment information and verify that they have 'Billing Agent' under the "Mode of Claim Submission" step. The correct CHAMPS Provider ID associated to the billing agent needs to be listed in the "Associate Billing Agent" step. If the correct billing agent is not listed within the Provider Enrollment information, it will need to be added and updated and the "Submit Modification Request for Review" step must be completed.

Failure to comply could result in claim denials and lack of payment in the future.

February 25, 2014: Attention Nursing Facilities and Hospice Providers:

REPORTING OCCURRENCE SPAN CODE 80 WHEN BILLING FOR ADMISSIONS NOT COVERED BY CMS DENIAL OF PAYMENTS FOR NEW MEDICAID ADMISSIONS

Effective April 1, 2014, when a nursing facility that is under a payment ban needs to submit a claim for a Medicaid beneficiary readmission that is not subject to the payment ban, the nursing facility must report Occurrence Span Code 80 and the from/through dates the beneficiary resided in the same nursing facility prior to the payment ban.

Medicaid policy and guidelines for the definition of a new admission are published in the Medicaid Manual, Nursing Facility Chapter, Certification, Survey, and Enforcement Appendix, Section 5.7 Denial of Payment for New Admissions (DPNA).

Hospices must also report in the above manner when billing for "room and board" when a nursing facility that is under a payment ban needs to submit a claim for a Medicaid beneficiary readmission that is not subject to the payment ban. Hospices can obtain Information regarding a CMS denial of payments for new Medicaid admissions from the nursing facility.

February 10, 2014: Attention ALL Providers: Per the Affordable Care Act the 271 eligibility transaction no longer reports the Special Low Income Medicare Beneficiary, SLMB, Benefit Plan. On the 271, it will return within the EB04 segment the SPENDOWN Benefit Plan, and within another EB04 segment it will return Medicare. This will indicate to providers that the beneficiary is enrolled within the SLMB Benefit Plan. In order to remain compliant CHAMPS eligibility also no longer shows the SLMB Benefit Plan. The SPENDOWN benefit plan will be displayed with the other insurance hyperlink active showing the Medicare policy information; this will indicate to providers that the beneficiary is enrolled within the SLMB Benefit Plan.

Policy guidelines can be found within the Provider Manual, COB chapter section 2.6.E. MEDICARE BUY-IN/MEDICARE SAVINGS PROGRAM.

February 4, 2014: Attention Hospice Providers: Effective March 29, 2014 The Michigan Department of Community Health in compliance with NUBC (National Uniform Billing Committee) will require all Hospice claims to report the ADMISSION/START OF CARE DATE on their claim. Failure to report date of admission will result in the claim rejecting with reason/remark code 16/N46.

February 3, 2014: Attention ALL Providers: Effective January 26, 2014. MDCH released a new feature in CHAMPS. This implementation introduced Phase I of the Document Management Portal (DMP) now accessible for all CHAMPS users.

Information and tutorials on the Documentation Management Portal are available on the MDCH website at www.michigan.gov/medicaidproviders >> [Document Management Portal](#)

January

January 28, 2014: Attention ALL Providers: System maintenance window for the DEG (Data Exchange Gateway) is scheduled for Saturday, February 1, 2014. The scheduled down time will be from 10:00 a.m. to 12:00 p.m. During this downtime please do not submit any files for the above time period.

January 28, 2014: Attention ALL Providers: Michigan Department of Community Health (MDCH) is in the process of remapping many of the following code sets: Claim Adjustment Reason Codes (CARC) and Remittance Remark Codes (RARC) Claim Status Codes, Group Codes, and Claim Status Category Codes due to the Affordable Care Act (ACA) Section 1104. Primarily CARC/RARC code combinations of existing edits are being expanded to accommodate new business rules per the ACA requirements.

Effective immediately, some of these codes changes will be reported to providers via the 835-electronic remittance advice and the 277-claim status response. For more information on the ACA Operating Rules, please refer to the CAQH-CORE website at www.CAQH.org > Core > Core Rules > Code Combinations. Any additional questions should be directed to Provider Inquiry, Department of Community Health at ProviderSupport@Michigan.gov.

January 21, 2014: Attention ALL Providers: Due to a CHAMPS system issue, the Remittance Advice (RA) and 835 files for Pay Cycle 2 dated 01/09/2014 were only generated for denied and credited claims. Providers with paid claims will receive two different RAs and 835 files: 1) denied claims and/or credited amount; and 2) paid claims and any credit that is owed from the denied RA or 835 file. The Pay Cycle date in Champs Inquiry will show 01/09/2014 and 01/13/2014. The RA and 835 file date will continue to have the original date of 01/09/2014. MDCH has resolved all RAs and 835 files as well as checks and/or EFT payments.

January 21, 2014: Attention OPH Providers: All paid claims with dates of service from 10/01/2013 through current will be adjusted with the newly loaded October APC software updates and should start to appear on pay cycle 5 (01/30/14). The adjusted claims can be identified by the claim note "APC Oct. 2013 quarterly updates".

Please review the following for information on [how to verify the Adjustment Source of your claim](#).

January 14, 2014: Attention OPH Providers: Effective January 1, 2014 CMS has implemented their guidelines regarding HCPCS code G0463 and MDCH will be following those CMS guidelines: G0463 "(Hospital outpatient clinic visit for assessment and management of a patient), for hospital use only representing any clinic visit under the OPPS and to assign new HCPCS code G0463 to new APC 0634. This replaces CPT codes 99201 through 99205 and 99211 through 99215."

Please keep in mind that MDCH is currently adjudicating Outpatient Hospital claims with October 2013 quarter version APC software. MDCH, upon receipt of the CMS finalized January 2014 quarter APC software, will test and load the new software in late March. MDCH will claim adjust any claims that may be impacted by a delayed quarterly update implementation.

The Medicare Addendum B is posted on the following CMS website:

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>

January 09, 2014: Attention ALL Providers: Due to a CHAMPS system issue, the Remittance Advice (RA) and 835 files for Pay Cycle 2 dated 01/09/2014 were only generated for denied and credited claims. Providers with paid claims will receive two different RAs and 835 files: 1) denied claims and/or credited amount; and 2) paid claims and any credit that is owed from the denied RA or 835 file. MDCH expects to resolve all RAs and 835 files early next week as well as checks and/or EFT payments.

[Return to Top](#)

2013

December

December 30, 2013: Attention ALL Providers: Due to a CHAMPS system issue, the Remittance Advice (RA) and 835 files for Pay Cycle 52 dated 12/26/2013 may not balance. MDCH will recreate new RAs and 835 files that will process this week. Please avoid posting double payments.

December 17, 2013: Attention Community Mental Health Services Programs (CMHSPs): The psychiatric E&M codes (99201 – 99205 and 99211 – 99215) were added to the CWP and SED databases in August, effective for dates-of-service on/after January 1, 2013. As we are approaching the 12-month timely billing deadline for January services, we are providing this as a reminder that CMHSPs, enrolled as specialty providers for the CWP and SED, can now bill using these codes. The databases are posted at http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-272724--_00.html. Select “Jan 2013” for the Serious Emotional Disturbance (SED) database and “Apr 2013” for the Children’s Waiver Services database.

December 17, 2013: Attention ALL Providers: Providers are reminded that immunizations are covered services by Medicaid Health Plans (MHPs) when provided to health plan beneficiaries and should be billed to the MHPs. Immunization related claims for health plan beneficiaries will not be paid by fee for service. See the Medicaid Provider Manual, Medicaid Health Plan Chapter at: www.michigan.gov/medicaidproviders >> Policy and Forms >> Medicaid Provider Manual.

December 13, 2013: Attention ALL Providers: Due to Section 1104 of the Affordable Care Act (ACA), effective December 16, 2013, Electronic Funds Transfer (EFT) payments for Health Care Providers will be sent from the State of Michigan to respective financial institutions in the compliant CCD+ format. If you accept EFT payments and experience any issues with receiving payment, please contact provider support at 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

December 09, 2013: Attention Home Health Providers: In the case of a dually eligible beneficiary, if the primary insurance denies payment of home health services due to not meeting the primary insurance’s homebound requirement, Medicaid will cover services. Medicaid does not require a beneficiary to be entirely restricted to their home (i.e. “homebound”) to receive home health services. When billing Medicaid secondary, a claim note is required stating “not covered by primary, as patient was not homebound.”

December 04, 2013: Attention ALL Providers: We are experiencing connection errors with our Data Exchange Gateway (DEG). We are working to resolve this situation as quickly as possible. If you receive an error, please try again later.

December 04, 2013: Attention ALL Providers: ICD-10 Testing is now available: MDCH has created a survey-based tool that allows providers to review common medical scenarios and assign the ICD-10 diagnosis codes that they feel are appropriate. The survey is applicable to both medical professionals, such as physicians, nurse practitioners, and physician assistants, as well as coding and billing professionals.

The survey link and instructions have been posted at www.michigan.gov/5010ICD10/ >> ICD-10 Information >> Testing.

Should you have any questions, please feel free to contact our ICD-10 testing support team at MDCH-B2B-Testing@Michigan.gov. We look forward to testing with you!

December 04, 2013: Attention Nursing Facility Providers: Third Party Liability has identified beneficiaries who are residing in a Nursing Facility and who also have Medicare coverage and it was not reported on the claim, as outlined in MSA Policy Bulletin 12-01. Federal regulations require that all identifiable financial resources be utilized prior to the expenditure of Medicaid funds for health care services provided to Medicaid beneficiaries. Medicaid is considered the payer of last resort. Providers will receive a TPL recovery letter on January 6, 2014 (also available Archived Documents in CHAMPS), and providers have 30 days to adjust their paid claim or contact TPL if the beneficiary no longer has the coverage. If no action is taken, TPL will void the claims identified in the letter which will result in an entire takeback of the paid claim. http://www.michigan.gov/documents/mdch/ClaimVoidReports_410671_7.pdf

Note: When adjusting claim, please note in remarks "TPL recovery, adding OTHER INSURANCE."

November

November 14, 2013: Attention Maternal Infant Health Program (MIHP): Effective October 1, 2013 the Current Procedural Code 99402 has had a change in the MUE (daily allowable units). The MUE on the procedure code 99402 has been changed to 1 unit per day. Please be aware that the claims will deny for exceeding the MUE when the units of 2 are billed.

November 12, 2013: Attention Durable Medical Equipment Providers: The Michigan Medicaid DME Liaison meeting scheduled for Monday, December 9, 2013 is cancelled. The 2014 DME Liaison schedule will be posted soon. To view the DME Liaison schedules, agendas and minutes, visit: www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific>>Medical Suppliers, scroll down to DME Meetings.

October

October 31, 2013: Attention ALL Providers: Due to Rule 1104 of the Affordable Care Act (ACA) effective January 1, 2014, MDCH will make changes to the Electronic Funds Transfer (EFT) format. It will be changed to the Cash Concentration/Disbursement plus Addenda (CCD+). Please contact your Financial Institution to make sure they are ready and able to accept this new format. Batch Agency Identification will be changing from 39S to 38S on all EFT or check receipts.

October 28, 2013: Attention Orthotics and Prosthetic Providers: MDCH has updated the orthotics and prosthetic rates listed on the Medical Supplier database, effective for dates of service on and after October 1, 2013. A revised database will be posted to reflect the revised rates. MDCH will perform adjustments to claims with dates of service on and after October 1, 2013, within the next few weeks. Orthotic and Prosthetic providers should consult their remittance advices, which will reflect the adjustments.

October 09, 2013: Attention OPH Providers: All paid claims with dates of service from 07/01/2013 through current will be adjusted with the newly loaded July APC software updates and should start to appear on pay cycle 42 (10/17/13). The adjusted claims can be identified by the claim note "APC July 2013 quarterly updates". Please review the following for information on [how to verify the Adjustment Source of your claim](#).

October 09, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan.

Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

October 08, 2013: UPDATE: CHAMPS has now been updated and providers should now be able to access their Archived Documents.

October 08, 2013: Attention ALL Providers: Due to a system update, the CHAMPS Archived Documents function is currently unavailable. During this outage, providers can access their remittance advices through CHAMPS claim inquire and filter by pay cycle date. We apologize for any inconvenience and an updated message will be posted once access has been restored.

October 04, 2013: Attention ALL Providers: This stands as a reminder to providers that beneficiaries with the MI Choice-MC Benefit Plan are approved for the home and community based services (HCBS) waiver. The provider listed under the MI Choice-MC Benefit Plan should only be billed for the HCBS waiver services authorized by that provider. All other non-HCBS waiver services covered by Medicaid should be billed by the appropriate provider type through CHAMPS.

October 03, 2013: Attention Professional Providers: Due to a CHAMPS defect paper claims submitted with a CLIA number correctly reported in box #23 were incorrectly denied with reason code 16 and remark code MA120-Missing/incomplete/invalid CLIA certification number. This defect has been resolved and providers will need to re bill the affected claims, MDCH would like to encourage providers to re bill electronically or utilizing the CHAMPS direct data entry claim function. For providers re billing older dates of service please include the following claim note to ensure that the claims get correctly process for timely filing: "CHAMPS CLIA defect."

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

October 01, 2013: Attention ALL Providers: Third Party Liability (TPL) has identified overpayments on professional invoices which adjudicated between 9/09/2011-4/20/2012 which bypassed TPL editing incorrectly due to the claim adjustment reason code reported on the claim. To allow these claims to correctly process and price they will be adjusted by MDCH beginning on pay cycle 41 (October 10, 2013). Claims not adjustable due to additional claim editing will have to be voided. These adjusted and voided claims can be identified with the claim note "TPL claims processing – CARC adjustments".

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

September

September 17, 2013: Attention Professional Providers: Pursuant to federal guidance, providers enrolled in the Physician Adjustor program are not eligible to participate in the Affordable Care Act (ACA) Primary Care Incentive Payment Program. MDCH will begin adjusting claims on pay cycle date 09/12/2013 to re- coup the ACA incentive payment amount made on claims with rendering providers who are enrolled in the Physician Adjustor program. Additional void batches will be submitted on a later pay cycle date for claims that are not able to be adjusted due to additional claims editing. Providers are encouraged to review the MSA L Letter [13-41](#).

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

September 17, 2013: Attention Professional Providers: MDCH has identified professional claims billed with modifier 26 and a non-facility place of service which paid at the incorrect rate causing an overpayment. MDCH will adjust these claims beginning on pay cycle 38 (9/19/13) to allow the claims to process and pay the correct rate.

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

September 12, 2013: Attention ALL Providers: This serves as a reminder to providers that as of October 1, 2013 all Ordering/Referring/Attending NPI's MUST be enrolled with Michigan Medicaid when reporting Ordering/Referring/Attending NPI's on a claim that requires them with dates of service on or after 7/1/2013. MDCH would like to encourage current billing providers to work with their Ordering/Referring/Attending providers to get them enrolled to avoid claim denials and non-payment. Providers are encouraged to review the current policy bulletins [MSA 12-55](#) and [MSA 13-17](#). Providers with further questions or concerns in regards to claims can contact Provider Support at 1-800- 292-2550 or email ProviderSupport@Michigan.gov

September 11, 2013: REPOSTING from June 20, 2013: **Attention DME Providers:** MDCH has identified approximately 33,000 duplicate paid claims. These claims will be voided by MDCH beginning on PC 36 to recover the incorrect duplicate payments.

August

August 21, 2013: Attention ALL Providers (who use MPHI to verify Eligibility): MPHI is scheduling a maintenance window this weekend from Saturday, August 24, 2013 at 6:00pm to Sunday, August 25, 2013 at 6:00am; while we conduct a major upgrade to our network infrastructure. The Medicaid Eligibility services offered by MPHI may be available sporadically during this period, but are generally expected to be offline. Please contact MedicaidEligibility@mphi.org if you have any questions or concerns.

August 13, 2013: Attention Professional and DME Providers: Third Party Liability (TPL) has identified claims which processed for payment when claims were billed with the reason code of A1. Current policy outlined in the Medicaid Provider Manual within the Coordination of Benefits chapter "MDCH does not pay for services denied by Medicare or other insurance plans due to noncompliance with Medicare or other insurance plan requirements." MDCH will be adjusting these claims to allow them to properly adjudicate and deny the service line reported with A1. If the claim is not able to be adjusted MDCH will be voiding the claim, these adjustments and voids will be on pay cycle 33 (August 15, 2013)

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

August 13, 2013: Attention Professional and DME Providers: Third Party Liability (TPL) has identified claims which processed for payment when the Other Insurance information was incorrectly reported on the claim. The majority of these claims paid in error when the Other Insurance payment information did not balance or the other insurance information is not correct according to the TPL file for the beneficiary. Providers can adjust these claims to correctly report the Other Insurance information or the claims will be voided by MDCH beginning on pay cycle 34 (August 22, 2013). Claims voided by MDCH can be identified by reviewing the claim note section via CHAMPS which will state "Other insurance info is incorrectly reported, unable to adjust properly."

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

August 07, 2013: Attention ALL Providers: System maintenance window for the DEG (Data Exchange Gateway) is scheduled for Sunday, August 11, 2013. The scheduled down time will be from 9:00 a.m. to 5:00 p.m. During this downtime please do not submit any files for the above time period.

July

July 17, 2013: Attention ALL Providers: Due to a system update, the CHAMPS Archived Documents function will be unavailable beginning Friday, July 26th at 6pm until Monday July 29, 2013. During this outage, providers can access their remittance advices through CHAMPS claim inquire and filter by pay cycle date. We apologize for any inconvenience.

July 09, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source](#) of your claim. Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

July 09, 2013: Attention ALL Providers: System maintenance for CHAMPS is scheduled for Saturday, July 13 beginning at 7am and ending on Sunday July 14th at 9pm. During this maintenance period CHAMPS will be unavailable for use. We apologize for any inconvenience this causes your organization.

June

June 27, 2013: Attention All Providers: System maintenance window for the DEG (Data Exchange Gateway) is scheduled for Sunday, June 30, 2013. The scheduled down time will be from 10:00 a.m. to 2:00 p.m. During this downtime please do not submit any files for the above time period.

June 20, 2013: Attention DME Providers: MDCH has identified approximately 33,000 duplicate paid claims. These claims will be voided by MDCH in the near future to recover the incorrect duplicate payments.

June 20, 2013: Attention Professional & Dental Providers: Third Party Liability (TPL) has identified claims which processed for payment when the Other Insurance information was incorrectly reported at the header and not at the line level. Per Medicaid Policy, Professional and Dental invoice type claims have to report the Other Insurance information at each service line level. Providers can adjust these claims to correctly report the Other Insurance information at the service line level or the claims will be voided by MDCH beginning on pay cycle 30 (July 25th, 2013).

Claims voided by MDCH can be identified by reviewing the claim note section via CHAMPS which will state "Other insurance info is incorrectly reported, unable to adjust properly."

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

June 12, 2013: Revised: Attention ALL Providers: System maintenance windows for the DEG (Data Exchange Gateway) are scheduled for **Sunday, June 23, 2013 and Sunday, July 21, 2013**. The scheduled down time will be from 10:00 a.m. to 1:00 p.m. each day. Also **Wednesday, July 24, 2013**, the scheduled down time will be from 12:00 p.m. to 4:00 p.m. During this downtime please do not submit any files during the above time periods.

June 6, 2013: Attention CMHSPs Billing fee-for-service for CWP Consumers: Please refer to L-Letter [13-28](#) sent to CMH Directors clarifying instructions on billing and reimbursement regarding Financial Management Services for CWP consumers, with dates-of-service between October 1, 2010 and August 31, 2012. Medicaid L letters can be accessed on the MDCH website: www.michigan.gov/medicaidproviders
>> Communication and Training >> Click 2012 through 2013 under Numbered Letters

May

May 22, 2013: Attention ALL Providers: If your practice/organization receives requests for Medical Records per Medicaid Policy Bulletin 12-65, please submit all requested materials without an invoice for reimbursement. For further information please refer to www.michigan.gov/medicaidproviders >>Policy and Forms>> Medicaid Provider Manual>> General Information for Providers>>Section 15.4.

May 21, 2013: Attention ALL Providers: If you are using Internet Explorer version 10 please follow the steps below to ensure that the CHAMPS system will properly function.

Open Internet explorer >> Tools >> Compatibility View Settings. Then enter in the website URL <https://sso.state.mi.us> click the Add button or torn piece of paper and then close the screen. After completing these steps open a new Single Sign On (SSO) and login to the CHAMPS system.

If you are still experiencing issues please contact Provider Support by phone# 1-800-292-2550 or email ProviderSupport@Michigan.gov

May 20, 2013: Attention Hospice Providers: MDCH has identified Hospice claims that have duplicate payments for the same month. MDCH will be initiating voids in the next couple of weeks to return monies that were incorrectly paid.

Providers with further questions can contact provider support by phone number 1-800-292-2550 or by email:

ProviderSupport@Michigan.gov

May 15, 2013: Attention Outpatient Hospital Providers: MDCH will be adjusting approximately 4,000 claims due to April APC software and pricing update. The adjusted claims will start to appear on pay cycle date 5/23/2013

May 14, 2013: Attention All Providers: Due to a system update, the CHAMPS Archived Documents function will be down from Friday, May 24th at 7pm until Tuesday, May 27th at 6am. During this outage, providers can access their remittance advices through CHAMPS claim inquire and filter by pay cycle date. We apologize for any inconvenience.

May 06, 2013: Attention Nursing Facility Providers: Third Party Liability has identified beneficiaries who are residing in a Nursing Facility and who also have Commercial Insurance coverage with a nursing facility benefit. Federal regulations require that all identifiable financial resources be utilized prior to the expenditure of Medicaid funds for health care services provided to Medicaid beneficiaries. Medicaid is considered the payer of last resort.

The recovery process will begin May 1, 2013, providers will receive a TPL recovery letter identifying the commercial insurance (also available Archived Documents in CHAMPS), and providers have 30 days to adjust their paid claim or contact TPL if the beneficiary no longer has the coverage. If no action is taken, TPL will void the claims identified in the letter which will result in an entire takeback of the paid claim.

http://www.michigan.gov/documents/mdch/ClaimVoidReports_410671_7.pdf

May 02, 2013: Attention ALL Providers: System maintenance for the DEG (Data Exchange Gateway) are scheduled for **Sunday, May, 5, 2013**. The scheduled down time will be from 10:00 a.m. to 1:00 p.m. During this downtime please do not submit any files for Sunday, May 5, 2013 only. System upgrades for the DEG (Data Exchange Gateway) is scheduled for **Thursday, May 9, 2013**. The scheduled window will be from 9:00 a.m. until 3:00 p.m. During this time period you might receive some minimal delay in uploading or downloading files. We apologize for any inconvenience this causes your organization.

April

April 30, 2013: Attention ALL Providers: MDCH has identified manually priced claims or service lines that did not correctly report the Other Insurance information which resulted in overpaid claims. MDCH will be voiding these claims beginning on pay cycle 20 (May 16th, 2013) and providers will have the opportunity to rebill correctly reporting the Other Insurance information.

Current Medicaid policy requires that all identifiable financial resources be utilized prior to expenditure of Medicaid funds for most health care services provided to Medicaid beneficiaries. Medicaid is considered the payer of last resort. The affected claims can be identified by reviewing the claim note within CHAMPS which will state "manually priced claim/lines bypassing OI".

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

April 29, 2013: Attention ALL Providers: MDCH will adjust incorrectly paid claims for voluntary sterilizations when the beneficiary was enrolled in the MOMS Benefit Plan. Voluntary sterilizations are not a benefit under the MOMS benefit plan. Current Medicaid Policy is outlined within the provider manual, Maternity Outpatient Medical Services Program Chapter, Section 2.2 NONCOVERED SERVICES.

Providers with further questions can contact provider support by phone# 1-800-292-2550 or email: ProviderSupport@Michigan.gov

April 22, 2013: Attention Professional Providers: MDCH has identified a high volume of claims that received overpayments as part of a CHAMPS defect which caused claims to pay above the billed amount. Current policy can be found within the Coordination of Benefits chapter, section **2.6.F. MEDICAID LIABILITY**. These claims will be adjusted or voided by MDCH in the near future for proper adjudication.

April 16, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information [on how to verify the Adjustment Source of your claim.](#)

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

April 04, 2013: Attention ALL Providers: Due to CHAMPS server issues the archived documents function is currently unavailable. Providers can continue to check archived documents for documents such as Remittance Advices.

April 03, 2013: Attention ALL Providers: System maintenance for the DEG (Data Exchange Gateway) is scheduled for Sunday, April 21, 2013. The scheduled down time will be from 9:00 a.m. to 12:00 p.m. During this downtime please do not submit any files. We apologize for any inconvenience this causes your organization.

April 02, 2013: Attention OPH Providers: All claims paid with dates of service from 01/01/2013 through now will be adjusted with the newly loaded January APC updates and should start to appear on RA 04/04/2013. (Approximately 44,000 TCN's)

March

March 26, 2013: Attention Professional Providers: (Update to the Biller B Aware posting on February 5, 2013) Beginning on pay cycle 14 MDCH will start adjusting professional claims for dates of service on or after January 1, 2013 which were eligible for the Primary Care Rate Increase per MSA 12-66. Due to the volume of claims these adjustments will take place over multiple pay cycles. Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

March 20, 2013: Attention DMEPOS Providers: Effective April 1, 2013, Health Care Procedure Codes (HCPCS) E2373, K0733 and L3600 fees will be reduced below Medicare fees to align with Medicaid policy referenced in the Medicaid Provider Manual, Medical Supplier Chapter, Section 1.7.H. A formal announcement of these changes will not be indicated in a policy bulletin. Please refer to policy and the Medical Supplier Database for standards of coverage and code parameters. The new reimbursement rates are as follows:

HCPCS Code:	Rate Effective 04/01/13:
E2373	\$560.10
K0733	\$20.75
L3600	\$52.43

March 13, 2013: Attention ALL Providers: System maintenance for the DEG (Data Exchange Gateway) is scheduled for Sunday, March 24, 2013. The scheduled down time will be from 10:00 a.m. to 2:00 p.m. During this downtime please do not submit any files. We apologize for any inconvenience this causes your organization.

March 11, 2013: Attention In-Hospital Providers: This serves as a reminder that per the Medicare Claims Processing Manual Chapter 3- Inpatient Hospital Billing Section 20.1 Hospital Operating Payments Under Prospective Payment System (PPS), any Medicare outlier payment due should be added to the Diagnosis Related Grouper (DRG)-adjusted base payment rate, plus any Disproportionate Share Hospital Payments (DSH), Indirect Medical Education (IME), and new technology add-on adjustments. This includes any Medicare Part A outlier payments received for a Medicare Part C covered service(s). CMS link: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdfpdf>

March 11, 2013: Attention Nursing Facility Providers, PACE and MI Choice Program Agencies: This is a reminder that the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) must be conducted only for "Medicaid eligible, Medicaid pending, and Dually eligible beneficiaries" regardless of primary payer source. The LOCD must be conducted within the time frames stated in Medicaid policy. Please note that failure to conduct the LOCD in accordance with Medicaid policy will result in the denial of a Medicaid claim. The LOCD policy is located in the Medicaid Provider Manual at <http://www.michigan.gov/mdch> > Providers > Providers > Medicaid > Policy and Forms > The Medicaid Provider Manual

March 11, 2013: Attention ALL Providers: MDCH is announcing new Medicaid training sessions. Please review the website for a training near you: http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-127606--,00.html . Please note, additional trainings will be posted as they are scheduled. If you are unable to attend a session and would like assistance or training, please contact a MDCH provider consultant at: ProviderOutreach@Michigan.gov to schedule a one-on-one appointment.

March 07, 2013: Attention In-Hospital Providers: This serves as a reminder that per the Medicare Claims Processing Manual Chapter 3- Inpatient Hospital Billing Section 20.1 Hospital Operating Payments Under Prospective Payment System (PPS), any Medicare outlier payment due should be added to the Diagnosis Related Grouper (DRG)-adjusted base payment rate, plus any Disproportionate Share Hospital Payments (DSH), Indirect Medical Education (IME), and new technology add-on adjustments. This includes any Medicare Part A outlier payments received for a Medicare Part C covered service(s). CMS link: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf>

March 06, 2013: Attention ALL Providers: MDCH would like to remind providers billing claims for Plan First beneficiaries that the diagnosis code reported as the primary diagnosis code must be within the V25 series. This is outlined within current policy in the Medicaid Provider Manual, Plan First! Family Planning Waiver chapter. As provider's bill on multiple claim forms MDCH encourages providers to review the billing guidelines for their specific claim type to find the appropriate field to report the primary diagnosis. Claims not billed with the Plan First qualifying diagnosis as the primary diagnosis will be denied. Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

February

February 26, 2013: Attention ALL Providers: On February 23rd, Takeda and Affymax voluntarily recalled all lots of OMONTYS. In addition to the recall, they have instructed health care professionals that no new or existing patients should receive OMONTYS. *Affymax and Takeda Announce a Nationwide Voluntary Recall of All Lots of OMONTYS®* (peginesatide) Injection. [Notice to Health Care Providers FDA Press Release](#)

February 26, 2013: Attention ALL Providers: MDCH has identified certain claims denied in error when billing for the copayment for a beneficiary with a private health plan insurance and the capitation amount was reported and considered as a payment. Per current policy outlined in the Medicaid Provider Manual, Beneficiary Eligibility Chapter **9.10.C. HEALTH PLAN AS A PRIVATE INSURANCE (OTHER INSURANCE CODE 89)**, the monthly capitation payment must **not** be reflected on the Medicaid claim. In most instances, the provider is billing Medicaid for the copayment amount only. Medicaid only reimburses the provider for the Medicaid fee screen or copayment amount, whichever is less. Providers are encouraged to resubmit or replace any claims previously billed incorrectly.

February 11, 2013: Attention ALL Providers: While doing an internal review of submitted claims, it has been identified that a high volume of claims are being submitted with Not Otherwise Specified (NOS) diagnosis codes. This serves as a reminder that all claims submitted to MDCH should be coded to the highest possible specificity based on the disease/condition/illness/injury for which the patient was seen.

February 05, 2013: Attention Professional Providers: MDCH has identified a problem paying the Primary Care Rate Increase as per MSA 12-66. A portion of this pricing was corrected within CHAMPS and claims should now correctly pay the rate increase for claims submitted after February 5th. Secondary claims eligible for the Primary Care Rate Increase will begin paying correctly after the next CHAMPS update, which is currently scheduled for February 22nd. After the update MDCH will adjust these claims on behalf of providers so claims eligible for the primary rate increase should then pay the additional amount. Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

January

January 31, 2013: Attention Hospice Providers: MDCH has seen an increase in Hospice claims with the incorrect value code reported with the Core Based Statistical Area (CBSA) code. The reporting of the wrong value code can cause incorrect reimbursement. The National Uniform Billing Committee (NUBC) Manual states when reporting the CBSA code that Value Code of 61 must be reported. The billings instructions are contained in the National Uniform Billing Committee (NUBC) Manual as well as the Medicaid Provider Manual, Billing & Reimbursement for Institutional Providers, Section 11 - Hospice Claim Completion.

January 24, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

January 24, 2013: Attention Private Duty Nursing, Children's Waiver and SED Waiver: The previous posting dated January 14th has been resolved within the CHAMPS system. The affected claims have been identified and are in the process of being adjusted by MDCH to correct reimbursement of billing New Year's Day 2013. Providers with further questions can contact provider support by phone number 1-800-292-2550 or by email: ProviderSupport@Michigan.gov

January 24, 2013: Attention Professional Providers: Per Bulletin MSA 12-42 Medicaid Enrollment of Physician Assistants and Nurse Practitioners; Billing Provider must be associated to both the Rendering and Supervising Provider in Champs for correct adjudication [CLICK HERE for claim reporting Information](#)

January 22, 2013: Attention ALL Providers: System maintenance for the DEG (Data Exchange Gateway) is scheduled for Saturday, February 2, 2013. The scheduled down time will be from 10:00 a.m. to noon. During this downtime please do not submit any files. We apologize for any inconvenience this causes your organization.

January 22, 2013: Attention ALL Providers: MDCH has developed an online DCH-0078 form to Add, Change or Terminate Other Insurance. The form can be found at: https://michigan.gov/mdch/0,4612,7-132-2943_4860-286772--SS,00.html In order for the form to be accepted the provider must fill out all of the required fields. This will remove the need to fax or email the completed DCH 0078 paper form.

January 17, 2013: Attention Outpatient Hospital Providers: MDCH has identified Outpatient Hospital secondary claims which were overpaid. MDCH has adjusted these claims and providers will begin seeing the adjustments starting on pay cycle number 4, dated 1/24/13, the Adjustment Source will be System Correction. Any further questions can be directed to Provider Support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov

January 14, 2013: Attention Private Duty Nursing, Childrens Waiver and SED Waiver: MDCH has identified a problem paying holiday rate for New Year's Day. MDCH is currently working on identifying and resolving this issue, once further information is available there will be a message posted.

[Return to Top](#)

2012

December

December 20, 2012: Attention Private Duty Nursing, ASC, Children Waiver, SED Waiver, Podiatry (99281-99285), MIHP Provider types: The CHAMPS problem previously posted on December 19th has been resolved and MDCH is planning to resurrect the denied claims which processed prior to this issue being resolved.

December 19, 2012: Attention ALL Providers: After the current CHAMPS update which took place over the weekend, providers will now see both "In Process" and "Suspended" claim status in CHAMPS claim inquire screens. When filtering using the filter by option, providers still only have the "In Process" selection but will return you both "in process" and "suspended" claim statuses permitting the NPI has claims in both statuses. Claims can be suspended for a multitude of reasons such as other insurance information reported on the claim, reviewing a prior authorization or EZ link documentation on file etc.

Providers can use additional filter by options of Reason code % and Remark code % to view what could be causing their claim to suspend. Providers with further questions as to what is causing their claims to suspend can contact provider support by phone#1-800-292-2550 or by email: ProviderSupport@Michigan.gov

December 19, 2012: Attention Private Duty Nursing, ASC, Children Waiver, SED Waiver, Podiatry (99281-99285), MIHP Provider types: MDCH has identified a rate issue effecting the above noted provider types which may result in a delay in payment or claim being processed. MDCH is currently working on correcting the issue by possibly implementing an emergency fix within the CHAMPS system. PDN provider type claims will be suspending and manually processed by MDCH until this had been resolved.

Once this issue has been resolved MDCH will post an updated Biller B Aware to notify providers

December 11, 2012: Attention ALL Providers: Effective 12/14/12, Beneficiaries with Medicaid and Medicare that are enrolled in a Medicaid Health Plan will now have Benefit Plan ID MMEMC assigned instead of MA-MC to indicate the Managed Care enrollment for dates of service 10/01/12 ongoing. There are no changes to the benefits.

December 3, 2012: Attention ALL Providers: Due to system maintenance, CHAMPS will be down on Saturday, December 15th 2012, from 6pm to 11pm. This outage will effect CHAMPS system access for all functionality.

November

November 26, 2012: Attention ALL Providers: Pay Cycle 48: Inpatient Hospital providers may see a significant increase in adjusted claims on their 11/29/12 remittance advice. The MIP (Medicaid Interim Payment) indicator within the providers enrollment was incorrectly end dated and allowed the identified claims to pay instead of being MIP suppressed. MDCH has adjusted these claims to correctly allow them to pay under the MIP suppression. The affected providers received a letter advising them of why the adjustments were being done. Outpatient Hospital and Long Term Care providers may also see an increase in voided claims for the above noted pay cycle. As a large TPL (Third Party Liability) void batch was submitted as part of the normal TPL take back process for beneficiaries with other insurance which was not reported on the claim.

November 5, 2012: Attention ALL Providers: MDCH has identified claims reported with Claim Adjustment Reason Code 151 (Payment is adjusted because the payer deems the information submitted does not support this many/frequency of services) have been processed incorrectly. MDCH will be adjusting paid claims with this Claim Adjustment Reason Code submitted on or after 9/18/2009. You will begin to seeing these adjusted claims on future RA's.

November 1, 2012: Attention Nursing Facility and Hospice Providers: When a beneficiary has a monthly patient pay amount (PPA) and a level of care (LOC) for nursing facility (02) and hospice (16) on file, the patient pay amount (PPA) will be deducted from the first claim received in CHAMPS. This will occur regardless if the PPA is located on the eligibility segment for LOC 02 or LOC 16, and the higher PPA amount will be deducted. If the PPA is greater than the amount of the first submitted claim, the difference will be applied to subsequent claims until the total PPA for that month is met. The PPA must be exhausted each month before any Medicaid payment will be made. The nursing facility and hospice must bill in sequence, according to the level of care the beneficiary was at on the first of the month. This will prevent the PPA from being deducted from the wrong claim.

October

October 30, 2012: Attention Nursing Facility Providers: This is a reminder (previously posted February 28, 2012) MDCH has identified Nursing Facility room and board claims that have duplicate and/or payments for the same month. MDCH will be initiating voids in the next couple of months to return monies on claims with dates from 2009 and forward that meet this criteria.

October 29, 2012: Attention ALL Providers: Any Provider or Trading Partner who currently submits their 837 HIPAA Compliant Transaction through Champs Web Upload will need to change the file name. This will become Standard formatting for files effective December 14, 2012. By changing this now, you will not have any issues when this goes into effect. If you do not use this format, you will receive an error on your screen and the file(s) will not load. Here is a listing of correct file names:

- 5475(837) - Health Care Claim
- 5414(270) - Eligibility Inquiry
- 4952(276) - Claim Status Inquiry
- 5386(278) - Prior Authorization Inquiry

Here are examples of the naming convention depending on if you Log into Champs using an NPI or Champs Provider ID:

- NPI.5475.CCYMMDDhhmm (example: 1234567890.5475.201210261208.dat)
- Champs ProviderID.5475.CCYMMDDhhmm (example: 1234567.5475.201210261209.dat)

October 22, 2012: Attention ALL Providers: MDCH previously experienced problems loading the 9/27/12 paper Remittance Advices into archived documents for providers.

This was resolved over the weekend of 10/20/12 if you are still experiencing problems finding this Remittance Advice please contact Provider Support by phone at 1-800-292-2550 or by email ProviderSupport@Michigan.gov

October 18, 2012: Attention ALL Providers: FDA advises healthcare professionals to follow-up with patients who were administered any injectable medication from or produced by NECC (New England Compounding Center) including injectable ophthalmic drugs used in conjunction with eye surgery, or a cardioplegic solution purchased from or produced by NECC after May 21, 2012. Healthcare professionals and medical care organizations should inform patients who received the NECC products noted above of the symptoms of possible infection and instruct patients to contact their healthcare provider immediately if they experience any of these symptoms. The Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and state health departments including the Michigan Department of Community Health (MDCH) are coordinating a multi-state investigation of cases of fungal meningitis and strokes among patients who received epidural steroid injections after July 1.

For more information please see the following links:

FDA Safety information: [Click Here](#)

CDC Official Health Advisory: [Click Here](#)

MDCH Website: <http://www.michigan.gov/mdch/0,4612,7-132-8347-287681--,00.html>

October 18, 2012: Attention ALL Providers: MDCH has identified claims reported with Claim Adjustment Reason Code 39 (Services denied at the time authorization/pre-certification was requested) have been processed incorrectly. All claims that have been paid with this Claim Adjustment Reason Code will be adjusted and processed according to policy. You will begin to see these claims on RA 10/25/2012.

October 16, 2012: Attention ALL Providers: A revision and update of the Medicaid NCCI webpage has been posted to the Medicaid.gov website at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html>.

October 8, 2012: Attention ALL Providers: As previously posted on September 27th MDCH is still experiencing issues with the Remittance Advice process and the posting of the RA's into the CHAMPS archived documents system for the 9/27/12 pay cycle date. As a current work around providers can access their paid/denied claims within CHAMPS claim inquire filter by pay cycle date 09/27/2012. Once this issue is resolved and update will be posted notifying providers.

October 8, 2012: Attention ALL Providers: Due to the high volume of claims we were unable to process all claims that came in before 9/25/12 cut off. Payments for 10/04/12 payroll date have been issued, however Remittance Advices were incomplete for some providers. The providers effected will have two remittance advices dated 10/11/12. Providers will need to match the Warrant/EFT number to corresponding remittance advice to verify payments for each payroll.

October 4, 2012: Attention ALL Providers: Due to an unexpected accounting issue while processing checks, we expect a one to two day delay in delivering EFT and Paper checks. We apologize for any inconvenience this may cause.

October 4, 2012: Attention ALL Providers: Due to an unexpected system issue with claim adjudication, approximately 25,000 claims will not be adjudicated on time for pay cycle 41 (10/11/12) and will now be paid in the following pay cycle 42 (10/18/12). We apologize for any inconvenience this may cause.

October 3, 2012: Attention Nursing Facilities: The Medicaid Provider Manual, Beneficiary Eligibility Chapter, explains that nursing facilities can obtain patient-pay amount and eligibility information from the Tentative Patient Pay Amount Notice (DHS-3227) or CHAMPS Eligibility Inquiry and/or other available eligibility options. The Medical Services Administration realizes that nursing facilities are responsible for collecting the Patient Pay Amount (PPA). A timely collection of the PPA is vital for the nursing facility as it helps eliminate the need to claim adjustment Medicaid and the need to retroactively collect the PPA from the beneficiary.

A timely collection of the potential PPA is also a safeguard for the facility where problems develop with the PPAs "dropping off" Bridges. To help alleviate unneeded claim adjusting and to collect a PPA more timely, the Medical Services Administration encourages nursing facilities to determine what a potential beneficiary's PPA will be and collect that PPA prior to receiving the DHS-3227. Subsequently, the facility would bill Medicaid showing that potential PPA as determined by the nursing facility.

September

September 10, 2012: Attention Primary Care Practitioners: Providers who practice in primary care should select their primary specialty designation in CHAMPS. Providers may begin making this selection in CHAMPS beginning October 1, 2012. Michigan Medicaid will be utilizing the physician specialty designations and board certification information for the Affordable Care Act Primary Care Rate Incentive effective for dates of services beginning January 1, 2013.

September 7, 2012: Attention Trading Partners: The DEG (Data Exchange Gateway) will be down for maintenance on Sunday, September 16, 2012 and September 23, 2012 at 8:00 a.m. and will be back up at 5:00 p.m. During this downtime you will not be able to submit any files. Please submit your files before or after this time frame. We apologize for the inconvenience.

September 5, 2012: Attention ALL Providers: Due to intermittent connection issues with the State of Michigan Single Sign On (SSO), the States SSO will be down on September 9, 2012 from 9am until 12pm for repairs. This outage will affect all SSO applications including CHAMPS. We are sorry for any inconveniences this may cause.

August

August 23, 2012- Attention Trading Partners: The DEG (Data Exchange Gateway) will be down for maintenance on Sunday, August 26, 2012 from 9:00 a.m. until Noon. Please submit your files before or after this time frame. We apologize for the inconvenience.

August 22, 2012- Attention ALL Providers: Due to a migration in MDCH's FILENET database server ARCHIVED DOCUMENTS will be down and inaccessible from Friday 09/07/2012 starting at 6:00pm until Sunday 09/09/2012 at 6:00pm. We are sorry for any inconveniences this may cause.

August 22, 2012- Attention OPH Providers: Previously rejected Medicare Crossover claims (per July 26, 2012 message below) will be resurrected and should start to appear on RA 08/23/2012. (54,000 TCN's)

August 22, 2012- Attention OPH Providers: All claims paid with dates of service from 07/01/2012 through now will be adjusted with the newly loaded July APC updates and should start to appear on RA 08/23/2012. (20,800 TCN's)

August 20, 2012- Attention ALL Providers: MDCH has identified claims reported with Claim Adjustment Reason Code 151 have incorrectly denied starting with RA date 07/19/2012. MDCH will resurrect these denied claims to ensure proper adjudication. You will begin to see these claims on RA 08/23/2012.

July

July 30, 2012- Attention ALL Providers: Important message regarding CSHCS and Medicaid dually eligible beneficiaries: ENROLLMENT INTO MANAGED CARE. Please read [L-12-26](#).

July 26, 2012- Attention OPH Providers: Medicare Crossovers made recent changes to no longer send the line level date of service (DOS) on OPH claims when the claim is a single line DOS per NUBC/5010/TR3 guidelines.

Outpatient Claims without line level DOS sent to the CHAMPS APC/OPPS software are ungroupable which currently causes the entire claim to deny. MDCH is currently working on a fix to copy the header from/to dates of service to the line dates of service to send to the grouper software and will resurrect any denied claims for this issue once the fix is in place.

July 18, 2012- Attention Nursing Facility Providers: Room and Board claims received on or after June 22, 2012 reporting the Occurrence Code 24, are currently rejecting in error. Please wait to rebill until the problem is corrected. We will notify you immediately when the problem has been fixed.

July 17, 2012- Attention ALL Providers: When reporting primary insurance information on Medicaid secondary/tertiary claims the Claim Filing Indicator must be accurately reported to reflect the appropriate type of insurance, improper reporting may cause improper payments or your claim to deny. *Please note* that per the 837 Implementation Guide, the OF- Other Federal Program, Claim Filing Indicator should only be used when submitting Medicare Part D claims and should not be used when reporting Commercial or Federal Employee Program coverage. The inappropriate use of Claim Filing Indicators may cause claims to overpay and MDCH will initiate voids in the near future to return monies on claims with dates 2009 and forward that meet this criteria.

July 13, 2012- Attention ALL Providers: Due to the Holiday and high volume of claims we were unable to process all claims that came in before 7/2/2012 cut off. These payments will be delayed 1 week and will appear on the 7/17/2012 RA.

July 12, 2012- Attention ALL Providers: Please be advised that Procedure Code 99402 has been corrected in CHAMPS. Any claims denied from June 26 to June 28, 2012 have been resurrected (week of July 09, 2012) and do not have to be resubmitted by the provider. All claims that were suspended, per Biller B Aware posted on June 06, 2012, have been released for payment the week of July 09, 2012. Please allow 7-14 days for your payment and remittance advice.

July 3, 2012- Attention ALL Providers: Due to Independence Day State Holiday the warrant and EFT date that would have processed Wednesday, 07/04/2012 will be processed Thursday, 07/05/2012

June

June 29, 2012- Attention Chiropractic Providers: On May 1, 2012 MDCH released Bulletin MSA 12-14; Reinstatement of Chiropractic Services for Medicaid Beneficiaries Age 21 and Older. Due to a delay in implementation, the system did not update the codes until the June 22, 2012 release. This caused claims billed between June 1, 2012 and June 22, 2012 to reject. MDCH will recycle those claims on an upcoming remittance advice.

June 28, 2012- Attention ALL Providers: Please be advised that MDCH has resolved the issue in CHAMPS regarding Member Eligibility inquiries. Providers now have complete access to running eligibility.

June 26, 2012- Attention ALL Providers: CHAMPS RA date 6/21/2012 pay cycle 25 failed in the offsetting/netting process as a result there have been many receivables created and checks going out at 100% pay. This will be corrected for pay cycle 26 RA date 6/28/2012 for providers that had any offset/adjustments that should be been recouped on the 6/21/2012 Ra.

June 26, 2012- Attention ALL Providers: Please be advised that MDCH is aware of Providers experiencing issues with Code 99402 and that payment for this code has been rejected. MDCH is working toward a swift resolution. For future claims submitted with this code, please note that the claim will automatically go into a "suspend" status until this issue is resolved.

June 26, 2012- Attention ALL Providers: Please be advised that MDCH is aware that there is an issue in CHAMPS regarding Member Eligibility inquiries. Providers are experiencing difficulty running eligibility while utilizing filters **other than** the **Medicaid Beneficiary ID**.

We are attempting to expedite a resolution and will post an update as soon as the issue is fixed. Meanwhile, MDCH recommend Providers using other web resources, Web Dennis and MIHealth, until a resolution has been generated.

June 19, 2012- Attention Dental Providers: REMINDER: Diagnosis codes are required to be reported for all oral/maxillofacial surgery and/or anesthesiology services with dates of service on or after 1/1/2012. These requirements apply to all claim submission formats (837D, DDE and Paper claims) If the appropriate diagnosis code is not listed the claim will deny with CARC 16 and RARC MA63. For more information please see Policy Bulletin [MSA-11-36](#) and the [Medicaid Policy Manual](#) >> Billing and Reimbursement for Dental Providers Section 5.4

June 05, 2012- Attention ALL Providers: Please be advised that due to system maintenance, EFT payments for pay cycle 23 (June 7, 2012) will be issued on Friday, June 8, 2012. Paper checks will be mailed on Thursday, June 7, 2012

May

May 24, 2012- Attention ALL Providers: MDCH has a Reimbursement Limitation on laboratory services rendered by the same provider, for the same beneficiary, on a single date of service. A processing error was allowing all laboratory services to be reimbursed beyond the above stated MDCH Policy Guidelines. The issue has been resolved and current claims are now being processed according to policy guidelines. Please be aware that MDCH will be reprocessing incorrectly processed claims and doing take backs on overpayments in the near future. For further information on this laboratory limitation policy, please refer to the MDCH Policy Manual at: www.michigan.gov/medicaidproviders >>Policy and Forms>> Medicaid Provider Manual>>Laboratory >>Section 3, Reimbursement Limitations.

May 24, 2012- Attention Out-of-State Providers: MDCH reimburses out of state providers who are beyond the borderland area if the service meets one of the following criteria:
Emergency services as defined by the federal Emergency Medical Treatment and Active Labor Act (EMTALA) and the Balanced Budget Act of 1997 and its regulations; or Medicare and/or private insurance has paid a portion of the service and the provider is billing MDCH for the coinsurance and/or deductible amounts; or The service is prior authorized by MDCH. MDCH will only prior authorize non-emergency services to out of state/beyond borderland providers if the service is not available within the state of Michigan and borderland areas.

For further information pertaining to MDCH's policy on out of-state Providers, please refer to our Policy Manual at: www.michigan.gov/medicaidproviders >>Policy and Forms>> Medicaid Provider Manual>>General Information for Providers>>Section 7.3, Out of State/Beyond Borderland Providers. A processing error allowed payments to occur on claims that failed to meet the above outlined criteria. Please be aware that these payments will be recouped on a remittance advice in the near future.

May 07, 2012- Attention ALL Providers: Payments for pay-cycle 18 have been delayed due to an internal processing issue. The payment will be issued on Monday 05/07/2012. The remittance advice for these payments will be issued on 05/10/2012. This special remittance advice may be matched to your 05/07/2012 payment by the warrant/EFT number. Regular payments and remittance for pay-cycle 19 have not been affected and are planned to be issued in a timely fashion.

May 03, 2012- *UPDATED from 3/13: Attention Maternal Infant Health Program (MIHP) Providers: A systems issue has resulted in procedure code 99402 processing and paying the home rate of \$83.72, regardless of the place of services reported on the providers claim. This issue was identified in 2009 and has now been corrected. Effective March 14, 2012 CHAMPS will begin process claims at the correct rate, based on the place of services reported.

MDCH is currently reviewing the claim data related to improperly paid claims and is working on a resolution to recoup any overpayments. Please check back to Biller "B" Aware periodically for any updates on the resolution. The correct rates can be found on the MDCH fee screens at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Maternal Infant Health Program. *There are approximately 23,500 TCNs which need to be adjusted. MDCH will adjust these claims over 3 pay periods starting next week with pay cycle 19 (5/9/12). The remaining claims will be adjusted on either pay cycle 20 (5/16/2012) or pay cycle 21 (5/23/2012).

May 02, 2012- Attention Home Health Agencies: CSHCS AND REPORTING OF REFERRING PROVIDER NPI - Home Health Agencies are reminded that the NPI of the CSHCS authorized referring provider must be reported on the claim, and must be listed as an authorized CSHCS provider. The reporting of the authorized referring provider NPI will eliminate rejected claim setting the B7 reason code - CSHCS Has Not Authorized this Provider.

April

April 30, 2012- Attention PDN Providers: Billing for One Child When Two Have Been Authorized. A PDN authorized to provide services to two children at the same location may find that at times only one child is present to receive services. This may occur when the other child is in school, at a medical appointment, hospitalized, or on a family outing. When billing for services for one child (when two have been authorized), do not use the TT modifier along with the HCPCS code. Claims will not pay for one child unless the following comment is entered in the REMARKS Section of the claim: "Only one child present at time of service, documentation on file." The beneficiary record must document the reason why only one child was present to receive the service as well as the beginning and end time of the service.

April 26, 2012- Attention ALL Providers: There was a processing issue with Secondary claims adjudicated April 21st - April 24th that resulted in over payments due to MDCH not recognizing the Primary Insurances CARC's. The issue has been resolved and any paid claims that were impacted will be adjusted by MDCH in the near future for proper adjudication.

April 04, 2012- Attention ALL Providers: Several NDC codes were end dated in CHAMPS in error. This is now corrected. If you have a claim that has rejected with CARC 16 RARC M119 please verify you have the correct NDC on the claim. If all information is correct please rebill or adjust as appropriate.

March

March 21, 2012- Attention ALL Practitioners: As a reminder, effective January 1, 2012, there was a modification to the reimbursement methodology for specific injectable drugs for the following programs: Medicaid, Children's Special Health Care Services (CSHCS) and Maternity Outpatient Medical Services Program (MOMS). This new methodology prices certain lower cost injectable drugs in classes with therapeutic alternatives at the maximum allowable cost. Utilization of lower cost alternative agents will have increased reimbursement over Average Sales Price (ASP) rates, with margins greater than or equal to higher cost agents within the same therapeutic class. Below is the list of drug classes and the drugs that will be affected by this new pricing methodology

- Anti-Emetics: Kytril and Zofran
- Bisphosphonates: Aredia
- Colony Stimulating Factors: Neupogen and Leukine
- Taxanes: Taxol

For a full listing of both higher cost agents and lower cost alternatives included in the four drug categories and for more information about the change, please see policy bulletin number [MSA 11-50](#) (Changes in Reimbursement for Injectables - J Code Updates) on the MDCH web site located at www.michigan.gov/medicaidproviders under "Policy and Forms," then "2011."

March 21, 2012- Attention ALL Providers: Third Party Liability (TPL) sends out Pending Adjustment reports to providers when another insurance is found to be primary over Medicaid and the claim is pending to be recovered by Medicaid. These reports are sent to the provider's CORRESPONDENCE address that is listed in CHAMPS. These reports additionally are available on line in CHAMPS ARCHIVED DOCUMENTS. Many of these reports have been returned to MDCH as undeliverable. If you see that you have a report in CHAMPS and you did not receive it via Regular Mail as well, please confirm the CORRESPONDENCE address listed in the Enrollment area of CHAMPS is accurate with all information needed for proper delivery example: Dept #'s, Suite or PO BOX.

March 20, 2012- Attention ALL Providers: MDCH Update to HIPAA 5010 Deadline; In response to CMS's most recent extension of the 5010 enforcement period from April 1, 2012 to June 30, 2012, MDCH will be continuing as planned and **not** be accepting 4010 claims after March 31, 2012. Effective Sunday, April 1, 2012, all transactions sent to MDCH Medicaid must be in 5010 format. Transactions submitted in 4010 format will be rejected. You will not receive payment from Michigan Medicaid on any claims submitted in 4010 format. In preparation for our final change-over to 5010, we have recognized that some claims are still being submitted in the 4010 format. Please make the necessary changes needed prior to April 1, 2012 so that your claims can be adjudicated properly in the 5010 format. You must also submit data using the appropriate Application IDs for 5010. Application IDs of 4780 (for fee-for-service claims) and 4951 (for managed care encounters) used for 4010 files will be discontinued and will reject at the Data Exchange Gateway.

For those Providers who are not prepared for 5010, or will not be ready by April 1, 2012 we recommend that you submit your transactions through Direct Data Entry screens in CHAMPS. For any questions please contact us at: MDCH-5010@Michigan.gov

March 8, 2012- Attention Nursing Facility Providers: REMINDER: Effective 2/17/2012 Updates have been made to Nursing Facility pricing logic. Please refer to MDCH Policy Bulletin [MSA 12-01](#) for specific pricing information.

March 8, 2012- Attention Outpatient Hospitals, Outpatient Rehabilitation Facilities, Practitioners: This is a clarification in regards to MSA 12-02 Outpatient Therapy service limitations: If therapies were started AFTER the policy implementation date of March 1, 2012, the beneficiary will be allowed 144 units in a 12 month time period. For therapies started BEFORE this policy implementation date of March 1, 2012 only 36 visits in a 90-day time period will be the limitation. Please refer to MSA 12-02 along with the Medicaid Provider Manual for prior authorization requirements and further policy on Outpatient Therapy Services

March 5, 2012- Attention In-Patient Providers: MDCH will be reprocessing approximately 2,700 claims due to Jan/Feb 2012 DRG V29 software and pricing update.

March 5, 2012- Attention Out-Patient Providers: MDCH will be reprocessing approximately 61,000 claims due to Jan/Feb 2012 APC software and pricing update.

March 5, 2012- Attention ALL Providers: Archived documents from CHAMPS, such as Remittance Advices, will not be available for viewing or to download for a period of time beginning Friday, March 9, 2012 at 6:00 PM and ending Monday, March 12, 2012 at 7am. This is due to a system upgrade that will take place on the State of Michigan file management servers.

February

February 28, 2012- Attention Nursing Facility and Hospice Providers: MDCH has identified Nursing Facility and Hospice room and board claims that have duplicate payments for the same month. MDCH will be initiating voids in the near future to return monies on claims with dates from 2009 and forward that meet this criteria.

February 23, 2012- Attention Nursing Facility Providers: MDCH has identified an issue with Nursing Facility crossover ancillary claims (Part B). The coordination of benefits contractor for Medicare, Group Health Incorporated (GHI) is dropping the service line dates causing claims to process incorrectly at a \$0 payment or to deny in error. Providers will need to submit a claim adjustment to correct claims that processed incorrectly, or submit a new claim for any denied claims. As soon as this problem is corrected a new Biller "B" Aware will be posted.

February 23, 2012- Attention DMEPOS and Hospice Providers: The Medical Services Administration has identified a problem with some Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) claims when the beneficiary is LOC 16 (hospice). DMEPOS providers must not bill Medicaid for supplies related to the treatment of the beneficiary's terminal illness. These supplies are the responsibility of the hospice and as such are included in the hospice per diem rate. Additionally, if a hospice beneficiary resides in a nursing facility (NF) most medical supplies and/or DME are considered as part of the facility's per diem rate, or may be included in the hospice per diem rate. These claims for DME/supplies are subject to denial, claim adjustment, or post payment review.

February 22, 2012- Attention Nursing Facility Providers, PACE and MI Choice Program Agencies: Please be advised that due to a system maintenance, the LOCD (Level of Care Determination) will be down Friday 02/24/2012 at 6:00 PM until Monday 02/27/12 at 6:00 AM. During this time providers will be unable to access the LOCD tool online.

February 16, 2012- Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

February 9, 2012- Attention Inpatient and Outpatient Hospital Providers: UPDATE: MDCH has re loaded the missing PDF file formats of the FD-622 reports which were previously only accessible under the CSV file type. The FD-622 should now be accessible under both file types and are loaded up to the 2/02/12 pay cycle date. The normal process for loading these files should resume with the next pay cycle date. If you are still having trouble accessing the report please contact Provider Support by phone 1-800-292-2550 or by email ProviderSupport@Michigan.gov subject: FD-622.

February 8, 2012- Attention Nursing Facility Providers: When reporting Value codes 80, 81 or 82, report the actual number of days without additional zeros. For example; when reporting 30 covered-days, report value code 80 with 30 (not 3000).

February 7, 2012- Attention Nursing Facility Providers: MDCH has identified an issue with Nursing Facility crossover therapy claims (Part B). The patient pay amount is setting against ancillary charges (Part B) in error. As soon as this issue is corrected a new Biller B Aware will be posted.

February 1, 2012- Attention Inpatient and Outpatient Hospital Providers: FD-622 Information

February 1, 2012- Attention Nursing Facility Providers: MDCH has identified an issue with crossover claims (Medicare Part A) which are paying zero dollars. Upon system correction all affected claims will be re-pro

January

January 31, 2012- Attention ALL Providers: Due to a migration in MDCH's email system, there may be a delay in response to emails submitted to: Provider Outreach, Provider Enrollment and Provider Support email addresses. We appreciate your patience during this transition.

January 17, 2012- Attention ALL Providers: Benefit Plan ID NEMT Clarification:

The eligibility response now returns a Benefit Plan ID NEMT (Non-Emergency Medical Transportation) which is assigned for Medicaid beneficiaries that reside in Wayne, Oakland, and Macomb Counties. Logisticare is responsible for transportation when the beneficiary qualifies and has no other means of transportation to access services. Please see bulletin: [MSA 10-56](#) for more information.

January 12, 2012- Attention Dental Providers: REMINDER: Diagnosis codes are now required to be reported for all oral/maxillofacial surgery and/or anesthesiology services with dates of service on or after 1/1/2012. These requirements apply to all claim submission formats (837D, DDE and Paper claims) If the appropriate diagnosis code is not listed the claim will deny with CARC 16 and RARC MA63. For more information please see Policy Bulletin [MSA-11-36](#) and the Medicaid Policy Manual>> Billing and Reimbursement for Dental Providers Section 5.4

January 04, 2012- Attention Nursing Facility Providers, PACE and MI Choice Program Agencies: This is a reminder that the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) must be conducted only for Medicaid eligible or Medicaid pending beneficiaries and it must be conducted within the time frames stated in Medicaid policy. Please note that failure to conduct the LOCD in accordance with Medicaid policy will result in the denial of a Medicaid claim. The LOCD policy is located in the Medicaid Provider Manual at <http://www.michigan.gov/mdch> > Providers > Providers > Medicaid > Policy and Forms > The Medicaid Provider Manual.

January 03, 2012- Attention Inpatient and Outpatient Hospital Providers: MDCH is aware of a current issue with FD-622 reports not being viewable within the PDF file type format. Until the PDF file type format is available the reports are still available within the CSV file type format. Instructions for viewing the report in this format are available under the previous Biller "B" Aware message posted December 8, 2011. Outpatient Hospitals please be aware that the majority of the FD-622 report for pay cycle date 12/08/11 were unable to load into CHAMPS archived documents. MDCH is also working on reloading these reports so they are accessible to providers. Please continue to check your archived documents for updates as once the reports are re loaded they will be accessible.

[Return to Top](#)

2011

December

December 28, 2011- Attention ALL Practitioners: Effective January 1, 2012, there will be a modification to the reimbursement methodology for specific injectable drugs for the following programs: Medicaid, Children's Special Health Care Services (CSHCS) and Maternity Outpatient Medical Services Program (MOMS).

This new methodology prices certain lower cost injectable drugs in classes with therapeutic alternatives at the maximum allowable cost. Utilization of lower cost alternative agents will have increased reimbursement over Average Sales Price (ASP) rates, with margins greater than or equal to higher cost agents within the same therapeutic class. Below is the list of drug classes and the drugs that will be affected by this new pricing methodology

- Anti-Emetics: Kytril and Zofran
- Bisphosphonates: Aredia
- Colony Stimulating Factors: Neupogen, and Leukine
- Taxanes: Taxol
- For more information about the change, please see policy bulletin # [MSA 11-50](#) on the MDCH web site located at www.michigan.gov/medicaidproviders >> Policy and Forms >> 2011

December 20, 2011- Attention Nursing Facility Providers: MDCH will be reprocessing over 1,600 claims that were processed incorrectly.

These claims involve Medicare Coinsurance Days billed to Medicaid where Occurrence Span Code 70 (Qualifying Stay Dates for Skilled Nursing Facility- SNF) was not reported. Bulletin MSA 10-03 referenced the use of Occurrence Span Code 70 which aligns with the National Uniform Billing Committee (NUBC).

December 8, 2011- Attention Nursing Facility Providers: MDCH is finalizing a modification to the reimbursement methodology for Medicare Advantage Plan Co-Insurance Days. These claims may have originally been processed incorrectly. Once the modification is complete, MDCH will reprocess the affected claims on behalf of providers.

December 5, 2011- Attention Professional Providers: Effective January 1, 2012, there will be a modification to the reimbursement methodology for specific injectable drugs. This new methodology prices certain lower cost injectable drugs in classes with therapeutic alternatives at the maximum allowable cost. Utilization of lower cost alternative agents will have increased reimbursement over Average Sales Price (ASP) rates, with margins greater than or equal to higher cost agents within the same therapeutic class. This new methodology represents an opportunity for increased reimbursement. For additional information including the drugs and the programs affected, please see [Policy Bulletin MSA-11-50](#)

November

November 30, 2011- Attention All Providers and Billing Agents: Though CMS recently announced it will not be enforcing penalties for non-compliance of the HIPAA 5010 version, MDCH would like to clarify Michigan Medicaid's position. MDCH does not see this as an exception to being compliant and will be requiring a full implementation to HIPAA 5010 standards on January 1, 2012.

November 30, 2011- Attention Outpatient Hospital Providers: MDCH will be reprocessing approximately 18,000 claims due to October APC software and pricing update.

November 22, 2011- Attention FQHC and RHC Providers: When completing the Health Plan detail for your Reconciliation Reports, you must report the Medicaid or MICHild issued Beneficiary ID number so eligibility can be verified. Any claim submitted for a beneficiary not enrolled with a Health Plan during that reported date of service will be excluded from your settlement.

November 16, 2011- Attention ALL Billing Agents: Effective mid-August MDCH changed and reposted a new 835 Electronic Remittance Advice Request for Billing Agent Change/Update form at the following link: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42545_42638---,00.html If you book marked or saved the form previously, prior to the dates above, please use this link to obtain the correct form.

When having providers fax that form to Automated Billing for processing, please use this new version. MDCH needs to have consistent information being received from all sources regarding this new 835 form.

November 9, 2011- Attention ALL Providers: Due to the implementation of HIPAA 5010, CHAMPS will experience a complete system outage beginning at 12am Friday December 30th, 2011. The system is scheduled to be back up and functional on Tuesday January 3rd, 2012 at 12am. During this 4 day outage, you will not be able to access the CHAMPS system at all.

Additionally, the last opportunity to submit a HIPAA 4010 file will be on Wednesday December 28th, 2011 at 3pm. After that only HIPAA 5010 claims will be accepted and any submitted after Wednesday December 28th, 2011 will be held during the outage and will be processed beginning on at 12am January 3rd, 2012.

To check eligibility, we suggest you use web-Denis or the Michigan Public Health Institute's (MPHI) web service for beneficiary eligibility status. An L-Letter will be published soon with further details about the

CHAMPS system outage.

For questions regarding the HIPAA 5010 implementation please go to www.michigan.gov/medicaidproviders >> HIPAA 5010/ICD10 Implementation or email MDCH5010@Michigan.gov.

November 7, 2011- Attention ALL Providers: All major identified CHAMPS defects have now been fixed and released into CHAMPS production in an effort to prepare for the January 1, 2012 implementation of HIPAA 5010. Please reference the CHAMPS Provider Update Table for a current list of system fixes. The CHAMPS Provider Update Table can be found at www.michigan.gov/medicaidproviders >> CHAMPS>> CHAMPS Provider Update Table.

For those of you who have been holding batches of claims, due to system defects, and have now exceeded timely filing limits, please submit a request for timely filing bypass/acceptance no later than 12/1/2011 to ProviderSupport@Michigan.gov with the subject line: CHAMPS BATCH TIMELY DEFECTS. Please include in the body of the email the total claim count to be submitted, the range of dates of service, and an explanation for the request. All batch requests will be reviewed by MDCH for validity.

Upon approval response from MDCH, batches may be submitted applicable to outstanding claims previously withheld due to system defects/issues, whereby MDCH will consider for bypass of the timely filing edit.

November 3, 2011- Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns who were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

November 1, 2011- Attention Vision Providers: MDCH has identified a systems issue that has caused claims for beneficiaries age 21 and older to deny incorrectly (e.g., RARC N129). This error has been corrected and claims will be adjusted by MDCH. Providers will see these claims on their remittance advice during November 2011.

October

October 31, 2011- Attention ALL Providers: Reminder : A primary care provider (i.e., MD, DO) or other Medicaid-approved provider (i.e., Certified Nurse-Midwife [CNM], Nurse Practitioner [NP]) can provide family planning/Plan First services. Beneficiaries eligible for this waiver are limited to the receipt of family planning services only. Family planning services are defined as any medically approved means, including diagnostic evaluation, medications, and supplies, for voluntarily preventing or delaying pregnancy.

Covered services include:

- Office visits for family planning related services. This includes preventive evaluation and Management office visits and other office/outpatient visits for family planning services.
- Contraceptives, including oral contraceptives and injectables.
- Contraceptive supplies and devices for voluntarily preventing or delaying pregnancy.
- Laboratory testing and pharmaceuticals related to contraceptive management or initial treatment of sexually transmitted infections (STIs).
- Sterilizations completed in accordance with current Medicaid policy.

PLEASE NOTE: Family planning/Plan First services are limited to the V25 diagnosis code series range. Providers must enter the appropriate V25 diagnosis code as the primary diagnosis on the claim form for services rendered.

October 25, 2011- Attention ALL Providers: Effective January 1, 2012, all trading partners must submit electronic healthcare transactions using the HIPAA 5010/NCPDP D.0 transaction formats.

(Trading partners include: providers, clearinghouses, billing agents, vendors, and health plans.) **B2B testing is now available for all trading partners through the Ramp Manager testing website at <https://sites.edifecs.com/index.jsp?michigan> . All trading partners must test and be certified through the MDCH two-stage B2B testing process in order to successfully submit 5010/NCPDP D.0 transactions to CHAMPS.** If you are not certified to submit 5010 transactions, **your claims will not be accepted and payments will not be processed.** Please see [MSA 11-36](#).

October 25, 2011- Attention Nursing Facility Providers: MDCH is now accepting institutional crossover claims from the coordination of benefits contractor, Group Health Incorporated (GHI). The institutional nursing facility crossover claim process will allow nursing facilities to submit a single claim for residents dually eligible for Medicare and Medicaid.

After processing the Medicare portion, GHI will forward the claim to Michigan Medicaid for processing and reimbursement. Once Medicare payment is received by the facility and Remark Code MA07 appears on the Medicare RA, the claim should appear on the Medicaid RA within 30 days. The facility may check claim status online through the Community Health Automated Medicaid Processing System (CHAMPS). If the claim does not appear in CHAMPS within 30 days, a claim should be submitted directly to MDCH showing all of the Medicare payment information.

October 19, 2011- Attention DME Providers: Per Biller "B" Aware posted May 9th & August 22 2011, MDCH has issued voids for over 10,000 claims.

October 17, 2011- Attention Outpatient Hospital Providers: MDCH has identified an issue with G0434 which was paying zero dollars prior to the CHAMPS release on September 9th, 2011. After the release G0434 was denying in error as per MSA policy bulletin 10-65 this is a covered code. MDCH will be reprocessing the affected claims.

October 10, 2011- Attention Home Health Providers : MDCH will be reprocessing approximately 3700 claims that were billed with G0151, G0152 G0153, G0154, G0156, 99601 and 99602 and were not processed correctly.

October 5, 2011- Attention Nursing Facility Providers: THE NURSING FACILITY INSTITUTIONAL CROSSOVER CLAIM PROCESS IS DELAYED UNTIL OCTOBER 10, 2011 - OCTOBER 17, 2011 AT THE LATEST.

The Michigan Department of Community Health apologizes for this delay and inconvenience. Medicaid Bulletin [MSA 11-32](#), issued August 1, 2011 indicated that in fall 2011 that the Michigan Department of Community Health (MDCH) would be accepting nursing facility institutional crossover claims from the coordination of Medicare benefits contractor, Group Health Incorporated (GHI).

In September 2011, notice was issued on Medicaid LISTSERVE and Biller "B" Aware advising nursing facilities that effective October 1, 2011, MDCH would begin accepting crossover claims from GHI.

Any questions regarding this message can be directed via e-mail to: ProviderSupport@Michigan.gov Please include your name, affiliation, and phone number. Nursing facilities may also phone toll-free 1- 800-292-2550.

October 5, 2011- Attention ALL Providers- MDCH will be reprocessing approximately 12,000 PAID claims for beneficiaries that have dual Benefit Plans, MA-ESO and CSHCS or MA-ESO and MOMS. If your claims denied for this reason, you must rebill your claim. These claims may have originally been processed incorrectly.

October 5, 2011- Attention Outpatient Providers - MDCH will be reprocessing approximately 21,000 claims due to April/ July APC software and pricing update.

September

September 28, 2011- Attention Hospital Providers: MDCH is pleased to announce the availability of the FD-622 Reports in a downloadable electronic format (pdf). The reports will be available for pay date cycles after October 1, 2011. In order to achieve savings, effective October 1, 2011 MDCH will cease to mail paper copies of the FD-622 to inpatient hospital, outpatient hospital, end stage renal dialysis centers, and outpatient rehabilitation facilities. The reports are available through CHAMPS archived documents.

If you have difficulty accessing the report, please call provider hotline for assistance.

September 26, 2011- Attention ALL Providers: [Revised Benefit Plan Handout with Service Type Codes](#)
*Updated 9/2011

September 21, 2011- Attention Nursing Facilities: Medicare - Medicaid Nursing Facility Crossover Claims with Group Health Incorporated (GHI) (Coordination of Benefits) Medicaid Bulletin [MSA 11-32](#), issued August 1, 2011 indicated that in fall 2011 that the Michigan Department of Community Health (MDCH) would be accepting nursing facility institutional crossover claims from the coordination of Medicare benefits contractor, Group Health Incorporated (GHI).

This notice is to advise nursing facilities that effective October 10, 2011, MDCH will begin accepting crossover claims from GHI. As such, claims that include Medicare as the primary payer and Medicaid as the secondary payer, will be crossed over to Medicaid from GHI.

To avoid duplicate claim rejections and delay in payment, nursing facilities must avoid direct billing to Medicaid. Medicaid asks that nursing facilities await their Medicare RA for claim submission dates effective October 10, 2011. Once Medicare payment is received by the facility and Remark Code MA07 appears on the Medicare RA, the claim should appear on the Medicaid RA within 30 days.

The following website provides more information and frequently asked crossover question:
www.michigan.gov/medicaidproviders>>Billing and Reimbursement >>Medicare Crossover.

Any questions regarding this message can be directed via e-mail to: providerSupport@Michigan.gov. Please include your name, affiliation, and phone number. Nursing facilities may also phone toll-free 1- 800-292-2550.

September 8, 2011- Attention ALL Providers: MDCH has scheduled Michigan Medicaid Trainings and Champs Navigational sessions in the Upper Peninsula, Marquette MI during the last week of September 2011.

These sessions will offer specific training to providers with an opportunity to have a one on one session with a Medicaid Provider Liaison (note: one on one session time may be limited based on number of registered providers). To register for an AM or PM session, visit our training website at www.michigan.gov/medicaidproviders>> Communication and Training >> Medicaid Provider Training Sessions.

August

August 30, 2011- Attention Outpatient Hospital Providers: Outpatient Hospital Providers with service lines denied with Reasons code 11 and Remark code N10 - may wish to adjust or re-bill their claim with documentation supporting the medical necessity of the procedure code. The documents should be sent into EZ LINK and should include: Ultrasound, MRI, CAT scan, History and Physical, ER Report.

August 30, 2011- Attention ALL Providers: Providers may wish to re-bill for TPL take backs done in error but have dates of service over one year old. Please indicate in the remarks/comments section of your invoice the TCN/pay-cycle date of the void transaction that TPL used to take back the money.

Example: (4111xxx8xxxxxxx000 / pay-cycle date 08/25/2011 TPL take back in error)

The re-bill is due within 365 days from the date of the TPL take back done in error. Information supplied on the invoice will be verified.

August 29, 2011- Attention Professional Providers: MDCH has identified an issue with the reimbursement rates for the CPT codes activated for January 2011, as listed in Bulletin MSA 10-65. Rates have been recalculated to reflect CMS's updated National Physician Fee Schedule Relative Value File for dates of service on or after January 1, 2011. MDCH has posted a revised Practitioner and Medical Clinic Database and will be reprocessing the affected claims on behalf of the providers.

Professional Providers are also advised that payment status indicators related to CPT procedure codes (i.e., payment of assistant at surgery, team surgery, bilateral surgery, etc.) can be referenced at the CMS website: <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

August 22, 2011- Attention ALL Providers and Billing Agents: With CHAMPS provision for automated/electronic processes, the Automated Billing phone number (877-672-3483) has been disconnected. You can reach Electronic Data Interchange (EDI) support services/Automated Billing for any questions or issues about electronic transactions with Medicaid by e-mail at AutomatedBilling@Michigan.gov.

August 22, 2011- Attention DME Providers: UPDATED MDCH has identified a problem with claims that were incorrectly paid to DME providers when the Beneficiary has LOC 02 (Nursing Facility). Medical supplies, accessories, and durable medical equipment necessary to achieve the goals of the beneficiary's plan of care are included in the Nursing Facility's per diem rate and are not payable to DME providers. MDCH will begin voiding these claims August 22, 2011.

August 17, 2011- Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns who were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

August 12, 2011- Attention Nursing Facilities: Long-Term Care Insurance- The Coordination of Benefits Chapter in the Medicaid Provider Manual states that federal regulations require all identifiable resources be utilized prior to expenditure of Medicaid funds for most health care services provided to Medicaid beneficiaries. Medicaid is considered the payer of last resort. If a Medicaid beneficiary has long-term care insurance, it is recognized as another resource and that resource must be billed prior to billing Medicaid.

In the event the facility is aware that a beneficiary has another resource (including long-term care insurance) but the resource is not reflected on the mihealth card or the Community Health Automated Medicaid Processing System (CHAMPS) eligibility inquiry, the facility must fill out form DCH-0078. This form can be found online at www.michigan.gov/medicaidproviders >> [Policy and Forms](#) >> [Forms](#). The preferred method of submission is by fax to Medicaid Third Party Liability (TPL) at: 517-346-9817. While fax is preferred, the form may also be sent via e-mail to tpl@michigan.gov. The form should be submitted before billing Medicaid. If known, please include the policy's per diem payment amount in the comments section of the form. Medicaid TPL will verify the information provided and update the beneficiary's CHAMPS eligibility information accordingly. The facility should bill the other resource first. Once payment has been received, the facility may bill Medicaid. The billing to Medicaid must include the payment amount received from the other resource.

August 5, 2011- Attention ALL Providers: MDCH will be reprocessing approximately 4000 claims that were billed with Modifier 54 and were not processed correctly.

August 4, 2011- Attention ALL Providers: Per Biller "B" Aware posted July 19 2011, MDCH has identified a systems issue that is causing claims to deny incorrectly with Limit or Duplicate Edits. (IE: CARC 18, B5, B13, RARC B130, N10). Claims are setting these edits against different provider types in error. MDCH has corrected this error and claims will be adjusted by MDCH on a future remittance advice.

July

July 29, 2011- Attention Inpatient Hospital Providers: Subsequent to the June 2011 CHAMPS release it has been reported that our MIP suppression rules have been overlooked for Medicare covered claims. Upon system correction all affected claims will be re-processed. As soon as this problem is corrected a new Biller B Aware will be posted.

July 27, 2011- Attention ALL Providers: The issue with the TPL Recovery Letters within the Archived Documents link in CHAMPS has been resolved. Providers should now be able to access these documents directly in CHAMPS.

July 27, 2011- Attention DMEPOS Providers: When billing equipment and supplies that must be reported as a daily rate (by entering total number of days used as units); it is recommended that providers use "span" dates. For example: S5498 (home infusion therapy catheter care/maintenance). If dates of service are July 15, 2011 through August 13, 2011; the dates should be reported using the "From" and "To" dates of 07/15/2011 - 08/13/2011 and report 30 units.

July 26, 2011- Attention ALL Providers: MDCH has identified that Providers are unable to access the TPL Recovery Letters within the Archived Documents link in CHAMPS. Please continue to check this site for an update on when this issue has been resolved. In the interim, all reports continue to be mailed to the correspondence address within the Provider Enrollment file.

July 25, 2011- Attention Nursing Facility Providers: MDCH has identified claims denying Reason Code 18 and Remark code N185 on some lines for ancillary services, once the system has been corrected the claims will be adjusted by MDCH.

July 19, 2011- Attention ALL Providers: MDCH has identified a systems issue that is causing claims to deny incorrectly with Limit or Duplicate Edits. (IE: CARC 18 B5 B13 RARC B130 N10). Claims are conflicting against different provider types in error. Please review the claim limit list at the line level in the Inquire Claim screen detail to confirm whether a claim has been affected by this error. As soon as this problem is corrected a new Biller B Ware will be posted.

June

June 30, 2011- Attention Outpatient Hospital Providers: MDCH has identified a systems issue with codes G0380-G0384 and G0379. MDCH reprocessed approximately 4000 affected claims and providers should see those claims on their remittance advice dated June 30th.

June 27, 2011- Attention ALL Providers: MDCH has identified an issue with some claims from Tuesday, 6/21 which were submitted prior to the cut off time of 4 p.m. It appears the claims, were received within the correct time frame, however did not complete processing in Champs. The issue has been addressed and these claims should be released by next pay cycle. There is no need to resubmit any claims.

June 21, 2011- Attention Inpatient Hospital Providers: With the July 1st implementation of the Present on Admission requirement - Providers need to submit POA values on IPH claims.

June 20, 2011- Attention ALL Providers: Effective August 1st, 2011 the Department of Technology, Management and Budget (DTMB) will be implementing new password policies for all users that access the Single-Sign On (SSO) web portal for the CHAMPS system. All users will be required to change their passwords to the new configuration when their existing password expires. The new password configuration/requirement is:

Minimum password length is eight (8).

1. **Password must contain at least one letter and one number.**
2. **Passwords are case sensitive.**
3. **Maximum number of repeated characters is two (2).**
4. **Password cannot be same as user id or user name.**
5. **New password cannot be same as current password.**

The SSO New Password Configuration instructions can be found on the MDCH website [>>CHAMPS >>RESOURCES](http://www.michigan.gov/medicaidproviders)

June 16, 2011- Attention ALL Providers: Beginning in July 2011, The Third Party Liability (TPL) Division will be completing claim voids on claims where Blue Cross Blue Shield coverage has been identified after the claim has been processed by Michigan Medicaid.

Providers should begin to see these on the BCBS recovery reports, which will be available in early July 2011 through the Archived Documents link. Providers will have 30 days to contact TPL if you have reason to believe that the claim void should not be completed by MDCH. After 30 days, the claim will be voided in CHAMPS and providers are expected to bill BCBS as primary and re-bill MDCH as the secondary payer if necessary.

The recovery reports are available in CHAMPS >> MY INBOX >> ARCHIVED DOCUMENTS >> in the Document TYPE field select: TPL RECOVERY

June 13, 2011- Attention ALL Providers: **UPDATED** Archived documents from CHAMPS, such as Remittance Advices, will not be available for viewing or download for a period of time beginning Thursday, June 16, 2011 at 7:30 PM and ending Friday, June 24, 2011. This is due to a system upgrade that will take place on State of Michigan file management servers.

June 8, 2011- Attention ALL Providers: The Third Party Liability (TPL) Division will be issuing claim adjustments/voids on claims where they have found another payer as primary over Michigan Medicaid. Prior to these adjustments/voids being done, TPL will mail a recovery report to the providers Correspondence Mailing address on file. These letters will also be available in CHAMPS >>>MY INBOX>>> ARCHIVED DOCUMENTS >>>>in the Document TYPE field select: TPL RECOVERY

*Only contact TPL regarding adjustments if you have received a letter and are questioning the TPL recovery

If you are inquiring on an adjustment on your remittance advice, please click here for instructions on how to verify [Adjustments Source](#).

June 6, 2011- Attention Home Health Providers: MDCH has identified a problem with claims processing incorrectly for Home Health Visits. Overpayments have been identified on procedures G0151, G0152 G0153, G0154, G0156, 99601 and 99602. Per Michigan Medicaid Policy providers can report up to two visits on the same day (i.e., two visits on the same day must be billed on individual lines of the same claim). MDCH will be initiating adjustments in the near future for all claims that did not meet this criteria.

June 3, 2011- Attention Outpatient Hospital Providers: MDCH has identified a systems issue with procedure code Cxxxx billed with revenue code 027x denying with Remark code N56 (Procedure code billed is not correct/valid for the services billed or the date of service billed.). MDCH will reprocess the affected claims on behalf of providers after the error has been resolved.

June 2, 2011- Attention Hospital Providers: Providers should note that without proper consent forms for sterilizations (current Medicaid beneficiary or possible retro-eligible beneficiary) they run the risk of non-payment.

June 1, 2011- Attention Outpatient Hospital Providers: MDCH has identified a systems issue with codes G0380-G0384 and G0379. MDCH will reprocess the affected claims on behalf of providers.

June 1, 2011- Attention Outpatient Hospital Providers: MDCH has identified a systems issue with codes Q2035-Q2039. MDCH will reprocess the affected claims on behalf of providers after the error has been resolved.

May

May 18, 2011- Attention Professional Providers: Subsequent observation care codes 99224, 99225, 99226 are currently non-covered services based upon current Medicaid policy. Medicaid covers physician services for beneficiaries admitted and discharged from observation status in the hospital setting for a stay less than 24 hours. All nationally recognized codes are added to the CHAMPS reference file --with activation only as applicable to the Medicaid program's implementation of the State Health Plan and policy. Medicaid, as a state governed program, has different eligibility requirements and offers different benefits from the federally governed Medicare. While the two separate programs share many similar regulatory requirements, the Medicaid program does operate within federal guidelines.

May 9, 2011- Attention DME Providers: MDCH has identified a problem with claims that were incorrectly paid to DME providers when the Beneficiary has LOC 02(Nursing Facility). Medical supplies, accessories, and durable medical equipment necessary to achieve the goals of the beneficiary's plan of care are included in the Nursing Facility's per diem rate and are not payable to DME providers. MDCH will be initiating voids in the near future for all claims that meet this criteria.

April

April 29, 2011- Attention ALL Providers: MDCH has issued voids on claims paid in error for beneficiaries that had MA-ESO (emergency services only) benefit plans. These claims did not meet the emergency criteria and originally should have been denied. Beneficiaries that have dual Benefit Plans, MA-ESO and CSHCS or MA-ESO and MOMS may have been voided in error by MDCH. MDCH is aware there are still claims not processing correctly with the Benefit Plans listed above and is currently working to resolve the issues in a future release. MDCH will post the information when corrected on our website and via ListServ message. For instructions on how to sign up for the LIST SERV notifications please go to the website at www.michigan.gov/medicaidproviders and click on >>> LISTSERV SUBSCRIPTION INSTRUCTIONS <<<

April 14, 2011- Attention MIHP Providers: MDCH inadvertently initiated newborn recovery take backs on services provided by MIHP providers. Unfortunately, there is no way for CHAMPS to reverse this error so the claims cannot be resurrected or reprocessed internally. MDCH is asking providers to re-bill the affected claims. Please add the following note to your claims to expedite processing of the affected claims: **newborn void error.**

April 4, 2011- Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns who were retroactively enrolled into a health plan with dates of service on or after 06/01/2009 paid through 09/30/2010. Note: This quarterly batch is larger than previous batches as MDCH has not done a quarterly recovery since September 2009 due to CHAMPS go live and associated defects. Recoveries started on Pay Cycle 13. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. If you have questions regarding specific claims or need assistance, please contact MDCH Provider Inquiry at (800) 292-2550 or via e-mail at Providersupport@Michigan.gov

April 1, 2011- Attention DMEPOS and Hospice providers: The Medical Services Administration has identified a problem with some Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) claims when the beneficiary is LOC 16 (hospice). DMEPOS providers must not bill Medicaid for supplies related to the treatment of the beneficiary's terminal illness. These supplies are the responsibility of the hospice and as such are included in the hospice per diem rate. Additionally, if a hospice beneficiary resides in a nursing facility (NF), claims for DME/supplies are subject to denial or post payment review because most medical supplies and/or DME are considered as part of the facility's per diem rate, or may be included in the hospice per diem rate.

March

March 15, 2011- Attention Professional Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns who were retroactively enrolled into a health plan with dates of service on or after 06/01/2009 paid through 09/30/2010. Note: This quarterly batch is larger than previous batches as MDCH has not done a quarterly recovery since September 2009 due to CHAMPS go live and associated defects. Recoveries will begin on Pay Cycle 13. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. If you have questions regarding specific claims or need assistance, please contact MDCH Provider Inquiry at (800) 292-2550 or via e-mail at ProviderSupport@Michigan.gov.

March 10, 2011- Attention ALL Providers: IMPORTANT NOTICE on Claim Adjustment Reports

February

February 23, 2011- Attention Critical Access Hospital Providers: MDCH has identified an issue with duplicate paid claims in error. ISSUE: CAH Providers are billing their professional charges on the institutional claim using the Professional Fee Revenue Codes in error. MDCH is paying both the professional fee revenue code service line(s) in addition to the facility charge service lines for same the service which is causing duplicate payments.

RESOLUTION: For the interim solution and to prevent duplicate payments, MDCH will be issuing VOIDS for all claims paid in error. Once the voided claim appears on your Remittance Advice, providers can resubmit the claims properly. Providers must bill professional fees on a professional claim and institutional fees on institutional claim to receive appropriate payment.

February 16, 2011- Attention Inpatient Providers: There were some technical issues with DSH payments that have been resolved. Providers should receive their payments by the 22nd or 23rd.

February 16, 2011- Attention Nursing Facility Providers: MDCH has identified an issue with Nursing Facility Therapy claims that processed at an incorrect rate. MDCH is currently collecting the data necessary to reprocess the affected claims on behalf of the providers. This will affect all Nursing Facility Therapy claims from dates of service 07/01/09 and forward. These claims will be reprocessed using the most current claims logic. If your claim was previously processed under the outdated logic, it will now be adjudicated based on current CHAMPS editing.

February 14, 2011- Attention Medicaid Inpatient and Outpatient Providers: MDCH has identified an issue with duplicate claims. Providers are submitting secondary claims when Medicare is the primary payer to Michigan Medicaid and the same claim also comes to Medicaid through the Crossover process. Medicaid will process crossover claims first and deny any duplicate claim received directly from the provider. We would like to remind all providers: **Please do not submit duplicate claims.** If the Medicare crossover claim does not appear in CHAMPS within 30 days, a claim should be submitted directly to MDCH showing all of the Medicare payment information.

January

January 27, 2011- Attention Ambulance Providers: MDCH is reprocessing all denied transportation claims with valid diagnosis codes for Health Plan beneficiaries. Ambulance Providers are also reminded to review the policy manual for the reporting of Multiple Transports per Beneficiary, specifically the requirements regarding Modifier 22 and the detailing in remarks or via an EZ-link attachment.

January 27, 2011- Attention Hospice Providers: Hospice claims are being submitted with Value Code 66 to report the Patient Pay Amount (PPA). Although this was acceptable under legacy, CHAMPS does not accept the use of Value Code 66 to report the PPA. Per the National Uniform Billing Committee (NUBC), Value Code 66 is only to be used when reporting the Medicaid Spend Down Amount (Deductible). **Value Code D3, Patient Estimated Responsibility, must be used to report the PPA.**

January 24, 2011- Attention ALL Providers: MDCH will be reprocessing 250,000 professional claims that were processed incorrectly due to an age calculation issue. MDCH will also be reprocessing approximately 200,000 outpatient Medicare secondary claims that were processed at an incorrect payment since CHAMPS go live.

These claims will be reprocessed using the most current claims logic. If your claim was previously processed under the outdated logic, it will now be adjudicated based on current CHAMPS editing. This may cause some claim lines that previously paid to reject, requiring the provider to add additional information and resubmit as new or an adjustment claim. For example: if claim paid in 2010 without a NDC and there was an issue with the age calculation; the newly reprocessed claim may now deny because the NDC was not originally reported.

January 20, 2011- Attention Professional Invoice Providers: MDCH is attempting to resolve outstanding issues regarding the processing and payment of Medicare crossover claims in the upcoming releases. For the January 21 release, MDCH plans to implement changes to the logic which will allow procedure codes covered by Medicare but not covered by Medicaid to process through the system (CARC 204 & RRC N30 will no longer post). However, as a result of this update, some claims will deny with CARC 8 & RRC N65. These denials will be reprocessed by MDCH after Friday January 25, 2011 when the logic is updated in CHAMPS.

Furthermore, MDCH will be making additional changes on March 4, 2011 to allow Medicare Crossover claims suspended with CARC 133 to process without manual review. Claims which have been paid at a decreased rate due to limit quantities will pay appropriately (CARC B5, RRC N10 or N130).

Please see the provider update table for modifications to this schedule.

January 19, 2011- Attention ALL Providers: Beginning in early spring 2011, The Third Party Liability (TPL) Division will be completing claim adjustments/voids on claims where Blue Cross Blue Shield coverage has been identified after the claim has been processed by Michigan Medicaid.

This adjustment/void process will begin with a small batch of inpatient hospital claims and providers should begin to see these on the inpatient BCBS recovery reports, which will be mailed in early February 2011. Providers will have 30 days to contact TPL if you have reason to believe that the claim adjustment/void should not be completed by the MDCH. After 30 days, the claim will be voided in CHAMPS and providers are expected to bill BCBS as primary and re-bill MDCH as the secondary payer if necessary. TPL expects to automate this process for inpatient providers beginning in March 2011, which will void claims in April 2011. Additional provider types will be added in the future as TPL moves towards this BCBS claim adjustment/void process.

January 10, 2011- Attention ALL Providers: All providers should contact Third Party Liability (TPL) to report any changes (including new coverage or terminations) in other insurance information **prior to submitting a claim to Medicaid.**

All requests should be processed by TPL within 10 business days. After the information has been updated, the claim can then be submitted with the appropriate other insurance information reported, thus avoiding unnecessary suspends because the other insurance information has been properly updated in CHAMPS.

Please submit all requests to TPL by completing the DCH-0078 form found on the TPL website at www.michigan.gov/medicaidproviders >>Billing and Reimbursement>>Third Party Liability>> Health Insurance. Fax the completed form along with any supporting documentation to 517-346-9817 (preferred option) or email the form to TPL@michigan.gov.

[Return to Top](#)

2010

December

December 21, 2010- Attention Inpatient and Outpatient Providers: As per MDCH policy bulletin [MSA 10-46](#), MDCH has received approval for institutional crossover files starting December 9th, 2010 for inpatient and outpatient hospital claims. Once payment is received from Medicare and the MA07 remark code appears on the Medicare RA, providers should expect to see the claim appearing on the Medicaid RA within 30 days. The first two characters of the TCN will be 32. If the claim does not appear in CHAMPS within 30 days, a claim should be submitted directly to MDCH showing all of the Medicare payment information. For more information regarding Institutional billing instructions and to access the crossover frequently asked questions (FAQ), providers may review the MDCH website at www.michigan.gov/medicaidproviders>> Billing and Reimbursement >> Medicare Crossover.

December 1, 2010- Attention: Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units, Hospital Swing Beds, Ventilator Dependent Care Units, Hospice, and Home Health Agencies: Please see the following document regarding [Incorrect reporting of Other Insurance or Medicare on claims to Medicaid](#).

November

November 29, 2010- Attention Nursing Facility Providers: All Provider rates were updated in CHAMPS. Providers can submit adjustment claims for October 2010 dates of service to receive the difference.

November 23, 2010- Attention ALL Providers: Claims Denied with REASON Code (CARC) 96 and Remark Code (RARC) N35. As a reminder, if your claim status shows IN PROCESS in CHAMPS, **DO NOT** resubmit another claim. MDCH will be clearing these duplicate suspending claims off of the system on an ongoing basis, keeping only the most recently submitted claim that is suspending. You will see these claims on your Remittance Advice denied with Reason code 096/Remark Code N35. Do not resubmit those claims. If you get this denial, please do a search in claim inquiry on CHAMPS to find the additional claims.

November 20, 2010- Attention ALL Providers: We have identified an issue with claims sent on 11/08/2010. They appear to be randomly processing as a denied claim for "limits exceeded"; with no original pay date. These claims should be released by next pay cycle.

October

October 26, 2010- Attention ALL Providers: MDCH has identified a system issue with providers that have multiple specialties on file within CHAMPS. The issue has affected approximately 40,000 claims. These claims are incorrectly denying with Reason Code (CARC) 185 and Remark Code (RARC) N198 or the claims are not paying at the correct rate. MDCH is currently collecting the data necessary to reprocess the affected claims on behalf of providers.

October 21, 2010- Attention All Providers: Effective October 15, 2010 MDCH is reporting the following additional Managed Care Benefit Plans for Providers in the CHAMPS eligibility screen and 270/271 transactions.

PIHP (Prepaid Psychiatric Inpatient Health Plan)

SA (Substance Abuse)

CMH (Community Mental Health)

CSHCS-MH (Children's Special Health Care Services, Medical Home)

Medicaid Managed Care (MA-MC) and Adult Benefit Waiver Managed Care (ABW-MC) continue to be provided on the eligibility screen and 270/271 transactions. Please ensure that you are utilizing the correct contact information associated with the appropriate benefit plan.

Please see the Benefit Plan Handout listed on our CHAMPS Resources page for additional definitions of these plans. <http://www.michigan.gov/medicaidproviders> >> CHAMPS. You can find the full plan descriptions in the Medicaid Provider Manual <http://www.michigan.gov/medicaidproviders> >> Policy and Forms>> Medicaid Provider Manual.

September

September 14, 2010- Attention PDN Providers: IMPORTANT NOTICE: Effective October 1, 2010, the Michigan Department of Community Health (MDCH) will require Private Duty Nursing (PDN) providers to bill HCPCS codes S9123 and S9124 in one-hour increments as required in the 2010 HCPCS coding book. PDN services are prior authorized in hours. Therefore, when billing for services, the total number of hours billed - whether with S9123 and/or S9124 - must not exceed the total number authorized for that month. **Since whole hours of care are authorized, only those hours of care that entail a full hour of care may be billed.**

Please Note: Authorization letters for the month of October will authorize care in units but the quantity will reflect the number of hours approved for the month. **One unit = one hour.** Refer to Bulletin [MSA 10-35](#) for further information.

August

August 26, 2010- Attention All Providers: Quarterly Newborn recoveries were temporarily suspended as of July 2009 while MDCH implemented the new CHAMPS system. Beginning with Paycycle 33, MDCH will resume the quarterly takeback/recoveries for newborn beneficiary claims that were paid FFS where the newborn is now enrolled in a Medicaid HMO. The first recovery batch will be to catch up for claims paid prior to 3/31/2009, and MDCH will continue these takebacks in subsequent paycycles for legacy claims paid between 4/1/2009 - 6/30/2009 as well as claims paid between 7/1/2009 - 9/30/2009. After these 3 catchup batches, the next regular quarterly scheduled takeback/recovery will resume on a quarterly basis in October 2010. Please note, as with previous quarterly newborn takebacks, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remit Advice date.

August 11, 2010- Attention IPH Hospitals: MDCH recognizes that many hospitals have aging accounts currently suspending in CHAMPS that may affect their DSH and/or MIP reconciliations. IPH claims with dates of service prior to 1/1/2009 will be identified for priority processing over the next two weeks. If after the two weeks, hospitals still have additional outstanding aging accounts; hospitals may then contact Providersupport@Michigan.gov with a listing of 25-50 TCNs for aging accounts that will be considered for priority processing. NOTE: Please only submit a list of the TCNs and as per HIPPA Privacy and Security guidelines, please do not send any Protected Health Information (PHI).

August 11, 2010- Attention Outpatient Providers: OPH claims with DOS on/after 7/1/2010 will no longer set the edit for "diagnosis code does not support procedure billed" when revenue code 450/452 is billed.

Claim Adjustment Reason Code: 11 - The diagnosis is inconsistent with the procedure. Remittance Advice Remark Code: N10 - Claim/service adjusted based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.

August 05, 2010- Attention ALL Providers: The error that began on July 24th that restricted the allowed amount quantity to one (1) unit of service per claim line regardless of the number of units billed or normally allowed for certain procedure codes **has been resolved** as of August 4th. Providers should no longer experience this issue for TCNs with Julian dates greater than or equal to 10216 (yyddd). MDCH is currently collecting the data necessary to reprocess the affected claims on behalf of providers. Providers may also adjust the affected claims.

July

July 26, 2010- Attention Outpatient Providers: MDCH has identified a systems issue with the APC software which caused some Outpatient claims to pay \$0 during the past week. Claims affected have been identified and will be mass adjusted by MDCH to correct the payment issue.

July 21, 2010- Attention ALL Providers: MDCH has identified an issue with a portion of the Outpatient legacy edit 743 Claims that were mass resurrected in CHAMPS in February. Some of these claims were not able to be successfully resurrected and will be denied with reason code 17/remark code N379 on the next two Remittance Advices starting with 7/15/10. Beginning in early August, MDCH will be re- resurrecting these selected denied claims to process correctly through CHAMPS.

July 07, 2010- Attention Professional Providers: Claims which denied for Invalid Admission Date have been reprocessed and will appear on the next RA.

July 07, 2010- Attention Institutional Providers: An issue has been identified for Inpatient hospital claims whereby CHAMPS is not recognizing PACER numbers submitted using the Qualifier G4 (Loop 2300 Ref Segment). This issue is being worked on and until it is corrected, all Prior Authorization and/or PACER numbers should be submitted using the 2300 REF Qualifier G1 for Admission/Readmission/Elective IPH stays until further notice on all electronic claim submissions.

June 23, 2010- Attention All Providers: Due to planned upgrades to the FileNet system, Remittance Advices for Pay Cycle 25 (June 24, 2010) will not be available until Friday June 25, 2010. Thank You.

June 10, 2010- Attention Institutional Providers: MDCH is currently working on an implementation plan for Institutional Crossover claims received directly from Medicare. We plan to have Institutional Crossovers in production by Fall 2010. The appropriate NPI for Medicaid adjudication must be reported on the initial claim sent to Medicare in order for the Crossover claim to adjudicate correctly in CHAMPS. MDCH will post additional information as it becomes available.

June 03, 2010- Attention All Providers: MDCH anticipates the next system update to occur on June 11th 2010. As a reminder, please do not re-submit claims if your claims are currently suspended in CHAMPS.

June 02, 2010- Attention All Providers: During the first week of April 2010, MDCH identified an issue with the way CHAMPS calculates a beneficiary's age during the adjudication of some claims. This issue was corrected, and while it did not impact the actual editing or pricing of the claims, it still required that certain claims with incorrect ages be reprocessed so that reporting and statistical claims data is accurate. MDCH has reprocessed the impacted claims to correct the age calculation and these adjusted claims should appear on your next RA.

May

May 26, 2010- Attention All Providers: MDCH would like to remind Providers when billing secondary claims to Medicaid to report the Claim Adjustment Reason Code(s) (CARC) reported by the primary payer. If the primary payer typically covers the service, however, indicates the service is non-covered (CARC 96), claim notes indicating why the service was not covered by the primary payer are recommended.

May 24, 2010- MDCH is currently processing newborn applications after 4/18/2010 into Health Plans.

May 24, 2010- MDCH is currently processing the Hospice Membership Notice (DCH1074) Forms received as of 05/03/2010.

May 24, 2010- Attention All Providers: Per MDCH Policy, providers that are submitting secondary claims on paper must submit the Allowed Amount as the Submitted Charges on the paper claim form. If the Submitted Charges are different than the Allowed Amount from the Explanation of Benefits (EOB), MDCH will reject the claims. Please refer to the Provider Manual, Billing & Reimbursement for Professional chapter, Section 3 Claim Completion instructions, for additional information. Due to the number of secondary paper claims and the processing time, MDCH encourages all providers to submit claims electronically. If you do not have a Billing Agent, MDCH offers the free Direct Data Entry (DDE) option directly in CHAMPS.

May 20, 2010- Attention All Providers: MDCH has identified over 56,000 duplicate suspending claims in CHAMPS since go live. These duplicates are a result of multiple provider submissions of the same claim. In the next week, MDCH will be clearing these duplicate suspending claims off of the system, keeping only the most recently submitted claim that is suspending. You will see these claims on your next RA denied with Reason code 096/Remark Code N35.

Please do not resubmit these denied duplicate suspending claims. As a reminder, if your claim is currently suspending in CHAMPS, please do not resubmit another claim as this will increase our backlog and the time it takes to get to resolving your initial claim.

May 19, 2010- Attention All Providers: MDCH urges Providers that send secondary claims on paper to consider submitting those claims using the CHAMPS Direct-Data-Entry (DDE) Claim Submission or through a Billing Agent using the 837 electronic claim format. Use of the DDE and/or Billing Agent offers several advantages including:

- Eliminates the need to attach the Explanation of Benefits (EOB). DDE and the 837 allow other insurance payments to be reported using Claim Adjustment Reason Codes (CARC). In the CHAMPS DDE screens these codes are referred to as "Reason Codes." The CARC Codes can be found at www.wpc-edi.com/
- Claims that are submitted DDE will appear in CHAMPS within approximately 15 minutes
- Claims received electronically on the 837 appear in CHAMPS the following day.

May 17, 2010- Attention All Providers: MDCH is currently developing a training webcast focused on Medicaid Trading Partners; specifically Medicaid Billing Agents or provider staff who transmit HIPAA 837 electronic claims directly to MDCH via the DEG or CHAMPS screens and who receive and translate HIPAA 835 electronic remittance advice and 277U electronic claims status (pending claims) files on behalf of Michigan Medicaid providers. The webinar is expected to be released in mid-to-late June and will be available on the CHAMPS informational website.

Billing Agents are encouraged to submit questions and topics that they would like MDCH to cover during the training. All questions/comments must be submitted to <mailto:AutomatedBilling@Michigan.gov> by May 21st. The subject of the email must be "Webcast Questions/Comments - [Your Subject Here]".

A listserv message will be sent when the webcast has been released on the CHAMPS informational website.

May 13, 2010- Attention All Providers: In the event you receive a denial as the result of a Champs related defect, please resubmit your claim. When the claim exceeds the one year billing limitation, please include the TCN of the denied claim in the claim notes area.

May 13, 2010- Attention All Providers: The resubmission of "INPROCESS" claims is causing additional backlog for the claims processing unit. Claims with a status of "INPROCESS" in CHAMPS are pending for review. Providers should not rebill claims that are in this status as it will also pend or create a new "INPROCESS" claim.

May 12, 2010- Attention: Family Planning Clinics, FQHCs, Outpatient Hospitals, LHDs, Medical Suppliers, MH/SA, Nursing Facilities, Practitioners, RHC and THC providers: The implementation of the CHAMPS system allows MDCH to adjudicate claims compliant with the federal mandate requiring the National Drug Codes (NDC) for physician-administered drugs administered in a physician office, clinic, beneficiary home, local health department or outpatient hospital setting. MDCH policy was published effective for dates of service on or after July 15, 2007 for professional claims ([MSA 07-33](#)) and on or after July 1, 2008 for institutional outpatient claims ([MSA 08-02](#)). This information is available in the on-line MDCH Provider Manual at www.michigan.gov/medicaidproviders. In the CHAMPS system, if you bill a HCPCS code representing a physician-administered drug and your claim has one of the following conditions, then the service line will deny: service lines with an invalid HCPCS and NDC combination reported, service lines with an invalid or missing NDC at the service line and service lines with non- rebateable NDCs reported. The implementation of these edits has been phased in and will be fully operational by June 2010.

A denied service line on a claim will have these reason and remark codes:

Adjustment Reason Code	Remittance Remark Code
16 - Claim/service lacks information which is needed for adjudication	M119 -Missing/incomplete/invalid National Drug Code
181 - Procedure code was invalid on the date of service	
211 - National Drug Codes (NDC) not eligible for rebate, are not covered	

May 10, 2010- Attention Outpatient Providers: MDCH has begun reprocessing all Outpatient claims paid by CHAMPS to date. This reprocessing is to correct several system and OPH pricing issues that have now been resolved. PLEASE NOTE: MDCH will only be reprocessing those paid claims which result in a payment/processing correction - not every OPH claim that has been adjudicated by CHAMPS. Starting this week, MDCH has reprocessed all September and October pay cycles for these OPH claims and will begin working to adjust November/December claims with payment/processing differences in the upcoming weeks. Please check the CHAMPS Provider updates for more information.

May 5, 2010- Attention All Providers: Please be advised that the Third Party Liability will resume the Pending Claim Adjustment Report process in the near future. This will include both Medicare and Commercial claims.

April

April 28, 2010- Attention Providers Submitting Paper Claims: Paper claims are inherently less reliable than electronic claims because paper claims require manual human intervention to adjudicate the claims. The adjudication steps for electronic claims are all automated, uniform, and therefore much more predictable. MDCH encourages all providers to either submit electronic claims or utilize the CHAMPS Direct Data Entry Claim Submission in order to avoid the unexpected and unreliable outcomes associated with paper claim submissions.

April 28, 2010- Attention Nursing Facility Providers: A beneficiary who has a patient pay amount cannot legally be charged more than the Medicaid rate for a short stay in a facility. For example, if a beneficiary is in a long term care facility for two days in a month, the provider must collect no more than the Medicaid rate for two days from the patient pay amount (even if the patient pay amount is great enough to cover the higher private pay rate). The balance or unused portion of the patient pay amount must be returned to the beneficiary or his family.

April 14, 2010- Attention CMH Providers: See Letter regarding: [CHAMPS SED Waiver; Children's Waiver Program \(CPW\) Payment Implications.](#)

April 13, 2010- Attention Outpatient Providers: The March CHAMPS system update resulted in a new issue with some Outpatient claims. If a provider bills zero dollars on a line of an outpatient claim, the line will now pay zero instead of using the logic to take into account the dollars from the other lines. MDCH is working on resolving this error as soon as possible. Please continue to check this website for updates.

April 13, 2010- Attention Health Plan Network Providers: Providers who are both Medicaid enrolled and a health plan network provider can see both their claims AND encounters in CHAMPS. An encounter can be differentiated from a claim on the list page by looking at the Transaction Control Number (TCN). The first two characters of an encounter TCN will always begin with 33. If the provider clicks on the TCN hyperlink, the encounter will show a "Source" of HIPAA ENCOUNTER in the upper right hand corner. On the list page any Claim Status value of "Accept" or "Reject" indicates encounter (claims will never have these statuses).

April 1, 2010- Attention Institutional Providers: MDCH is now able to create the FD-622 report, dating back to the first pay cycle paid from CHAMPS (pay cycle 39). This report will be mailed to the correspondence address, on file within the Provider Enrollment application. MDCH is currently mailing the Outpatient and Inpatient reports separately until pay cycle 43 (October). Please be aware that the initial FD-622 mailed for Inpatient providers was identified as Payroll 11, 3/18/2010 and contained payroll 11 information. This mailing sequence has been corrected and the report will now be mailed in date order (oldest to most recent). Beginning with pay cycle 44 both the Outpatient and Inpatient reports will be sent in a single mailing. The FD-622 report for Long Term Care Facilities will be mailed in the near future. Please continue to check the website for updates.

April 1, 2010- Attention Hospice Providers: Recently hospice providers received a letter informing them of their seven-digit Medicaid Provider ID number in CHAMPS. This number is necessary when completing the Hospice Membership Notice, DCH-1074. Do not resend DCH-1074 forms to Enrollment Services Section (ESS) for the sole purpose of updating them with the new Provider ID number. This is not necessary and places an undue burden on the ESS causing a backlog of forms further delaying hospice enrollments.

March

March 30, 2010- Attention Nursing Facility, Private Duty Nursing, Home Health, Hospice Providers: MDCH would like to remind providers to verify the diagnosis codes being billed are valid ICD-9-CM and that the beneficiary's age is valid for the diagnosis code being billed.

March 9, 2010- Attention Nursing Facility Providers: After the implementation of CHAMPS, the systems edit between the Medicaid Nursing Facility Level of Care Determination (LOCD) and the CHAMPS payment system was disabled. The Michigan Department of Community Health has addressed the issues between the systems and is now ready to reactivate this edit. Please be advised that beginning April 1, 2010, the CHAMPS system will reinstate editing to ensure that the LOCD is conducted timely and in accordance with Medicaid policy, which can be found in the Medicaid Provider Manual, Nursing Facility Chapter, Section 4.1D.

March 4, 2010- MDCH is currently completing the gap analysis and planning for the HIPAA 5010 and ICD-10 project. MDCH expects to follow the Industry timeline and is targeting for a January 1, 2011 external trading partner testing date. The HIPAA 5010 mandate for Production transactions is January 1, 2012. MDCH will provide additional information regarding testing after the analysis has been completed. Please review the MDCH website for additional updates.

March 2, 2010- Attention All Providers: MDCH would like to remind Providers that only approved claims can be adjusted. A claim is considered approved if at least ONE line paid, and paying \$0.00 is considered a paid claim. Claims that have previously paid should not be resubmitted as a new claim in the system, but rather submitted as an adjustment if a change is necessary or reprocessing is in order. Claims will deny for duplicate if incorrectly submitted as a new claim rather than an adjustment claim.

March 2, 2010- Attention Home Health Providers: The Medicaid Payments Division has been seeing a large number of Home Health Agency claims for Procedure Code G0154 (Nurse Visit), that appear to be exact duplicates of a previous claim. Beginning March 1, 2010, these duplicate claims will reject with the appropriate Reason and Remark code(s). Note: If billing for more than one nurse visit on the same date of service you must bill each visit on an individual claim line, on the same claim. Duplicate claims for services on the same date of service will be rejected.

February

February 19, 2010- Attention Nursing Facility Providers: A Reminder to Nursing Facility providers to verify the beneficiary's age is valid for the diagnosis code billed. Claims will pend if the age of the beneficiary is not valid for the diagnosis code being billed.

February 19, 2010- Attention All Providers: Please be advised that the Third Party Liability Division has begun processing the 'Pending Claim Adjustment' reports that were sent to Providers in July, August, September, October and November 2009 as well as any outstanding claim adjustment letters. The claims will be adjusted over a period of several weeks to lessen the impact on the Providers. Please refer to the 'Pending Claim Adjustment' reports or the claim adjustment letters for contact information should you have any questions or concerns.

February 19, 2010- Claims submitted via paper will suspend for processing. MDCH recommends providers use the CHAMPS Direct Data Entry (DDE) tool for claims currently being submitted via the paper claim form. Submission through the DDE system will result in a faster turnaround time. Providers can contact the CHAMPS Helpline at 888-643-2408 for assistance on how to use this tool in CHAMPS.

February 19, 2010- Attention Dental Providers: MDCH continues to receive many dental claims in which the Rendering/Servicing Provider NPI is being incorrectly reported as the Billing Provider. All dental claims must report a Billing Provider (Type 2 NPI) in F.L. 49 and a Rendering/Servicing (Type 1 NPI) in F.L. 54. Claims submitted incorrectly will be denied.

February 19, 2010- Attention Nursing Facility Providers: MDCH is current in processing the Medicare Advantage (Medicare Part C) Nursing Home claims.

February 17, 2010- Attention All Providers: CHAMPS will be unavailable March 25th-30th. During this time enrolled providers may contact the CHAMPS Helpline at 888-643-2408 to verify member eligibility.

February 9, 2010- Attention Hospital, Nursing Facility Billers: MDCH would like to remind providers that Admission Source is a required field. Claims missing the Admission Source will deny.

February 9, 2010- Attention Clinic and Special Programs (i.e. FQHC, LHD, MIHP, FP, etc.) Issues Resolved: Agencies with a single NPI for multiple clinic and/or special program specialties can bill for all services including MIHP.

Agencies can bill for blood-lead related services and hearing and vision screening for children 3-6 years old whether they are enrolled in fee-for-service Medicaid or a Medicaid health plan*. Agencies can also bill for MIHP services provided in the home and receive the appropriate rate*. Billing NPIs that experienced denials because their enrollments were changed from Group to "FAO" enrollments have been able to bill since January 22nd. Some of the rendering providers from the group enrollments were not re-associated to the new FAO enrollments so some denials occurred between January 22nd and February 2nd for that reason. MSA's Provider enrollment staff have since added the missing associations but providers are encouraged to review both their rendering and billing NPI enrollments to ensure their accuracy.

Now that these issues have all been resolved, we recommend that each agency begin billing these services slowly with a small batch first and then larger batches after those claims. If submitted through the data exchange gateway by 5pm (the way that most billing agents like Netwerkes submit their claims) the claims will adjudicate overnight. If submitted by batch upload by 5pm the claims will also adjudicate overnight. If submitted by Direct-Data-Entry via the CHAMPS screens the claims are adjudicated within 15 minutes. Pay-cycle cutoffs are generally on Tuesday at 5pm for DEG and batch upload and Wednesday at 4pm for Direct-Data-Entry.

February 2, 2010- Attention Nursing Facility Providers: MDCH is automatically suspending Medicare Advantage nursing home claims for manual review. MDCH understands this is a timely process, but it is required to ensure claims are paid correctly. MDCH asks for your patience and assures you that every effort is being made to process effectively and efficiently.

January

January 29, 2010- [MDCH Paycycle Calendar](#)

January 14, 2010 - Attention Outpatient Hospitals/Billers: MDCH has completed the testing and implementation of the October APC software and pricing updates in CHAMPS. Providers can now rebill for any claims rejecting with DOS on/after 10/1/2009 with the H1N1 procedure codes and/or claims rejecting with October 1st new ICD-9-CM diagnosis codes. MDCH will be reprocessing all CHAMPS adjudicated OPH claims mid to late February to resolve numerous issues with OPH editing and pricing since CHAMPS go live. Please continue to check the CHAMPS website for upcoming information and updates.

[Return to Top](#)

2009

December

December 7, 2009 - LOCDs must be entered online according to Medicaid Policy which can be found in the Medicaid Provider Manual, Nursing Facility Chapter, Section 4.1D. The Manual is posted online at www.michigan.gov/medicaidproviders >> Policy and Forms >> Medicaid Provider Manual.

CHAMPS validates the LOCD creation date to the date of beneficiaries' Medicaid start date as determined by DHS. If a LOCD was created contrary to policy, you will receive an error message while trying to enter the beneficiary ID.

Please note, if a beneficiary's application for Medicaid is denied, you will need to create a new LOCD when a new application is submitted.

November

November 23, 2009 - Urgent/Emergent Adult Dental Claims Denying with CARC 17 and RARC N379:

In July, non-emergency dental benefits were eliminated for Medicaid beneficiaries 21 and over (Executive Order 2009-22). Only a few specific urgent/emergent dental services are currently billable for beneficiaries 21 and older. Claims for beneficiaries 21 and over receiving urgent/emergent dental services were being denied in CHAMPS with the reason code 17 and remark code N379. There are three errors here:

- First, the urgent/emergent dental services should not have been denied. This has now been corrected and providers may rebill or replace any affected claims by either HIPAA 837 or via the CHAMPS Manage Claims screens.
- Second, if the services were in fact non-emergent then the claim denial should have had a different HIPAA reason and remark code explanation. The change necessary to display the correct CARC and RARC when non-urgent/emergent adult services are billed is scheduled to be corrected in December.
- Third, the only exception for continued payment of the non-emergent services was if the provider had a current prior authorization on file with MDCH prior to the implementation of Executive Order 2009-22. These claims are still being denied in error and should be held by providers until this correction is completed. Further guidance will be shared when an exact implementation date is known.

November 23, 2009 - Dental Procedure Code Correction: The combination of procedure code D1351 and tooth number 19 was not recognized. This has now been corrected and Providers may rebill.

November 23, 2009 - General Procedure Code Corrections: CPT 96372 (Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular) was missing a rate segment which has now been restored. Providers may rebill or replace any affected claims involving CDT D1351 or CPT 96372 through either the HIPAA 837 or via the CHAMPS Manage Claims screens.

November 20, 2009 - Medicare crossover claims are current in CHAMPS and are being processed for the month of November, 2009. These claims will be listed on remittance advices. The remittance advice(s) will reflect the paid and denied claims. If you believe there are still missing claims, please contact ProviderSupport@Michigan.gov

November 20, 2009 - Between the hours of 6am and 6pm on Sunday, November 22, 2009, the CHAMPS system is scheduled for routine maintenance. The system will be unavailable until the maintenance operations have been completed.

November 6, 2009 - With CHAMPS implementation the payment to providers at tax ID level is including all Capitation payments with the Fee for Service (FFS) payments. All capitation payments can be viewed from the 820's that are produced and transmitted. The FFS payments can be viewed from the Remittance Advice found in Archived Documents in CHAMPS. If you have questions regarding your 820 information, please contact your CMH or MCO Contract Manager.

November 5, 2009 - The CHAMPS generated paper remittance advices (RA) can be found in the "Archived Documents" link located on the Provider Portal page or "My Inbox" subsystem. Only those users with the profile of CHAMPS Full Access or CHAMPS Limited Access will have the ability to view this information. Paper RAs will be stored in CHAMPS for approximately three months. These documents are available to print or save for your records. In addition, MDCH was aware of missing RAs from remittance advice date 10/07/2009, this issue has been resolved. If providers feel they are missing a RA within this link, please contact provider support at providersupport@Michigan.gov or 800-292-2550.

November 4, 2009 - Prior Authorization Numbers in CHAMPS: Providers have been experiencing a range of issues related to the use of prior authorization numbers on their claims. There were some changes to the format of the number.

Pre-existing PA numbers remained their original 9-digits (i.g. 999999999). Pre-existing PACER numbers will appear in the PA system with the letter M added to the beginning, making them 10-digits (i.g. M999999999). The M was necessary to maintain the uniqueness of the PACER numbers as they were combined into one database with authorizations from other business areas. Providers should not include the M when billing though the 'M' is necessary when querying the CHAMPS PA system. New Prior Authorizations and PACERs created in CHAMPS are now 10-digits, all numeric (i.g. 111111111). These new PAs should be reported as 10-digits on claims.

MDCH is also investigating issues related to billing multiple lines of prior authorized services. Currently providers are reporting that only the first line is being paid and subsequent claim lines are being denied. Providers will continue to be informed of resolutions to these issues as soon as they have been finalized.

November 4, 2009 - Attention Institutional Billers- Updated 11/14/09: Evaluation and management CPT codes reported on institutional outpatient claims with modifier 25 or 59 have been denied in error. After the issue has been resolved, MDCH will recycle the affected claims for proper adjudication.

November 4, 2009 - Executive Order 2009-22 - Elimination of Certain Medicaid Benefits for Adults 21 years & older: In July, dental benefits were restricted for adults 21 years and up to certain urgent/emergent services only. **Vision, hearing, chiropractic, and podiatry services were also eliminated for adults 21 years and over (See MSA Bulletin 09-28 for details).** Currently, there is an issue with the editing of these claims for age and date of service. MDCH will reprocess the affected claims upon correction of system logic. The Claim Adjustment Reason Code (CARC - 17) and Remittance Advice Remark Code (CARC - N379) reported for these denials was also incorrect. These issues are being addressed separately. A complete review of CARC and RARC reported on remittance advice is underway and the updates to the system are expected to be finalized in December.

November 4, 2009 - Attention CMH Providers: Currently, claims for psychotropic injectables are being denied in CHAMPS because the combination of billing and rendering NPI on the claim is not recognized as appropriate for the specific procedure codes being billed. This is an internal coding issue that MDCH is addressing. MDCH will add a new specialty to all fee-for-service CMH enrollments in CHAMPS so that CMHs currently enrolled as Children's Waiver and/or SED Waiver agencies can bill for psychotropic drugs also. MDCH must also add the specialty to claims adjudication and financial management logic. All of the necessary changes are expected to be complete in early to mid- December. After completion, MDCH will reprocess all of the affected claims. Claims for psychotropic injectables submitted with a billing NPI that is enrolled as only a Medical Group are not experiencing this issue and can continue to be billed. When billing for psychotropic injectables, the rendering provider on the claim must be actively enrolled in CHAMPS as a physician and associated to the billing NPI on the claim.

October

October 26, 2009 - CHAMPS Claims Editing- Level of Care Determination (LOCD): MDCH is temporarily suspending the claims editing related to the LOCD that occurred with the implementation of CHAMPS. This editing was the result of an unanticipated interaction between the new system and the level of care determination tool. We are aware of the multiple issues providers are struggling with as both CHAMPS and Bridges are implemented and hope that this action will remove one of the barriers to reimbursement. It is important, however, that providers continue to perform the LOCD according to policy and enter it in the on-line system to ensure that beneficiaries do indeed meet the medical/functional level of care requirement for reimbursement.

Notification will be issued prior to the claims editing for the LOCD being reactivated. The department will continue to work toward resolution of the implementation challenges and we thank all of you for your assistance and patience.

October 19, 2009 - MDCH has identified an issue with secondary claims paying \$0 in error. Once the issue has been resolved, MDCH will be reprocessing the affected claims.

October 14, 2009 - **Attention Providers:** The pay cycle number on MSA [paper] Remittance Advice and electronic 835 Remittance Advice may have been incorrect for the last two pay cycles (39 and 40). This issue will be resolved as soon as possible. In addition, during the first full pay cycle processed in CHAMPS (Pay Cycle 39), RAs were generated on several different days causing different pay dates to be listed for that week, the earliest date being 09/26/2009. To ensure that no remittance is overlooked, providers and billing agents should use a range of pay dates to find all paid claims and remittance advices.

October 13, 2009 - DCH has identified an issue of incorrect HIPAA Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) being reported on providers' remittance advices. The most prevalent code is CARC- 110 - (Billing date predates service date). Any questions regarding this HIPAA CARC code may be directed to the Provider Support Line at ProviderSupport@Michigan.gov. MDCH is undergoing a review of all the affected CARC and RARC codes and will resolve the issue as soon as possible.

October 5, 2009 - MDCH has identified a difference in the way that the legacy MMIS system and CHAMPS reports the payment for providers that receive Medicaid Interim Payments (MIP) or are Warrant Suppressed.

Currently, the approved amount for any MIP or Warrant Suppressed claim lines will incorrectly show as \$0.00 within the 835 and Paper RA. For the 835, each individual line will report this approved amount within the CAS segment with Claim Adjustment Reason Code (CARC) 94, Processed in Excess of charges. This is the only time MDCH will use CARC 94, therefore any claim that has CARC 94 within the 835 will be for a MIP or Warrant Suppressed claim. The approved amount within the Claims Inquiry screen in CHAMPS will show the actual approved amount.

MDCH will be fixing this information to have it report correctly as soon as possible and will send out another update as soon as this issue is resolved. If you have any questions, please contact Provider Support at 1-800-292-2550 or ProviderSupport@Michigan.gov.

September

September 30, 2009 - **Attention Professional Billers:** In accordance with the Executive Order 2009-22, the Michigan Department of Community Health (MDCH) eliminated certain covered service benefits for Medicaid beneficiaries age 21 and older, and implemented program/fee reductions effective for dates of service on and after July 1, 2009. Currently claims that are affected by this Executive Order are denying incorrectly in CHAMPS. After the issue is resolved, MDCH will recycle all of the affected claims so that services are properly adjudicated. Please contact the Provider Inquiry at 1-800-292-2550 regarding cash flow concerns. For more information regarding the programs and services affected by Executive Order 2009-22, please refer to MSA Bulletin [09-28](#).

September 28, 2009 - Beginning Tuesday, September 29, 2009 the Automated Voice Response System (AVRS) service through Emdeon will no longer be available. Please contact Emdeon with questions regarding the discontinuation of this service.

September 24, 2009 - There are some remaining PDN claims in MI AuthentiCare that were exported for payment after the cutoff date of September 9, 2009. These claims will need to be resubmitted into CHAMPS. To determine if this issue applies to you, log onto CHAMPS and check your claims to identify if any of your claims are affected. If so, the affected claims will need to be resubmitted through CHAMPS.

September 17, 2009 - In preparation for the Friday, September 18th release of CHAMPS (Community Health Automated Processing System) to the public, MDCH began redirecting claims from the Legacy MMIS to CHAMPS on Monday, September 14th.

MDCH has been closely monitoring CHAMPS to ensure that claims are adjudicating appropriately. Any issues are tracked and, if possible, resolved immediately. MDCH has identified and corrected an issue with some Medicaid Interim Payment (MIP) indicators. Those claims treated incorrectly will be tracked and resolved at reconciliation or settlement.

September 16, 2009 - In preparation for the Friday, September 18th release of CHAMPS (Community Health Automated Processing System) to the public, MDCH began redirecting claims from the legacy MMIS to CHAMPS on Monday, September 14th. MDCH has been closely monitoring CHAMPS to ensure that claims are adjudicating appropriately. Any issues are tracked and, if possible, resolved immediately. MDCH has identified an issue with certain void claims that providers should be aware of, though.

As announced previously, claims that were billed in the legacy MMIS (with what is now a Rendering/Servicing-Only Individual NPI in CHAMPS) have been migrated to CHAMPS with all other paid and denied claims for historical purposes but they cannot be adjusted/replaced. If these claims need to be adjusted/replaced, providers must first void the original claim and then rebill the claim as a new original claim with the appropriate billing and rendering NPIs.

The void process for these types of claims has not been fully automated in CHAMPS yet and is expected to be fully functional in early November.

During the first day of adjudication in CHAMPS, MDCH staff identified a significant number of void and replacement claims that were incorrectly denied by CHAMPS for one of two reasons: the original claim was billed with a Rendering/Servicing-Only Individual NPI. (or) the billing NPI on the adjustment/void claim did not match the original claim because the adjustment or void claim now has a proper billing NPI though the original claim only had a Rendering/Servicing-Only Individual NPI.

MDCH has now resolved the error that caused these claims to deny. If a void claim is submitted for an original claim that meets this criteria, the claim will suspend until the process has been automated, at which time MDCH will force the claims back through the adjudication process. Providers have the choice of holding back these types of void claims or submitting them now so that they will suspend until the process has been automated.

September 14, 2009 - MDCH is excited to announce that CHAMPS is now adjudicating 837 files directly. CHAMPS will not change the way that any Trading Partners submit or transfer claims. CHAMPS will communicate directly with the DEG to receive any files that have been uploaded through the DEG. Any files submitted to the DEG September 10, 2009 through September 13, 2009 have been on hold and these will now be moved to CHAMPS. You may have originally received an accepted 997 from legacy, but now that these files will be moved into CHAMPS you will receive an additional 997. Any new files submitted will receive the single 997 from CHAMPS. MDCH will be closely watching any new file transmissions into CHAMPS, therefore providers may not receive a 997 instantaneously.

September 10, 2009 - CHAMPS HIPAA File Submission Update: Due to the implementation of the CHAMPS system, all providers submitting 837 files will need to ensure that they are following HIPAA guidelines. Please review the updated CHAMPS HIPAA Companion Guides located on the CHAMPS website at www.michigan.gov/MDCH >>CHAMPS>>Resources. Failure to adhere to HIPAA guidelines will result in a rejected 997 acknowledgment file.

September 10, 2009 - **Migration of Legacy Suspended Claims into CHAMPS Reminder:** Projected to begin October 1, 2009 MDCH will initiate the process of resurrecting all claims that rejected with proprietary edit 743 for adjudication in CHAMPS. Claims will not be recreated in CHAMPS if any of the following occur: the claim was submitted without a reported billing NPI, the rendering/servicing only NPI was incorrectly reported in the billing NPI loop/field, or the provider has not revalidated in the CHAMPS Provider Enrollment subsystem. These resurrected claims **will not** be available for inquiry in CHAMPS until after the projected date.

September 10, 2009 - Attention Providers: Please view this CHAMPS Go-Live informational announcement.

September 9, 2009 - Per Policy Bulletin [09-48](#), as of 9/10/09 Private Duty Nurse providers will no longer be able to use MI AuthentiCare to bill Medicaid. PDN providers must be ready to bill Medicaid directly as of September 10, 2009. MI AuthentiCare will not be available after 9/9 at 12 midnight.

August

August 11, 2009 - **Please be advised:** Due to the transition from the legacy Medicaid Management Information System (MMIS) to the Community Health Automated Medicaid Processing System (CHAMPS) there will be no Medical Services Administration (MSA) payments made on pay cycle 38, pay cycle date 9/23/09. Pay cycle 39, pay date 9/30/09 will include payments for both pay cycle 38 and pay cycle 39.

Hospital Medicaid Interim Payment (MIP) program payments and Quality Assurance Supplement (QAS) payments for Long Term Care Facilities that were originally scheduled for pay cycle 38 will be processed on pay cycle 37, pay date 9/16/09, a week early.

In the event that issues arise during pay cycle 39, MDCH will implement and communicate a process to mitigate the impact on providers.

August 11, 2009 - **Attention:** MDCH would like to remind those providers currently submitting paper claims that it is recommended that all paper claims be submitted electronically or through the Direct Data Entry (DDE) tool in CHAMPS beginning September 18, 2009. All Institutional providers must report 4 digit (leading zero) Revenue Code and Type of Bill. MDCH will no longer accept the 3 digit codes when billed.

July

July 30, 2009 - **Please note:** To access the CHAMPS system, all users must have a Single Sign-On (SSO) user ID and password. Please see the [SSO instructions](#) on how to obtain this. The Provider Domain Administrator will have responsibility of assigning rights for all other users within the organization to access the provider's file. If necessary, multiple Provider Domain Administrators may be established for a single organization but a separate application must be completed and approved for each administrator. There are several profiles that may be assigned to each user within CHAMPS. Profiles must be established to grant access to the subsystems within CHAMPS. Users may have multiple profiles if necessary.

Below is a list of the profiles that are available for assignment only, but will not have system access until September 18, 2009:

- Domain Administrator - The ability to assign or remove domain and profile access to other CHAMPS users
- CHAMPS Full Access - Full Fee for Service access to Provider Enrollment, Prior Authorization, Eligibility, and Claims subsystems
- CHAMPS Limited Access - View only access to Provider Enrollment and full Fee for Service access to Prior Authorization, Eligibility, and Claims subsystems
- Prior Authorization Access - Fee for Service access to Prior Authorization only
- MCO Provider Access - Access to Managed Care Organization Provider Enrollment only
- Eligibility Inquiry - Fee for Service access to Eligibility only
- Provider Enrollment Access - Fee for Service full access to Provider Enrollment only
- View Provider Enrollment - View only access to Provider Enrollment
- Billing Agent Access - Access to Billing Agent Provider Enrollment only
- Claims Access - Full Fee for Service access to Claims only

July 30, 2009 - **Please be advised:** As part of the CHAMPS implementation plan, Michigan Department of Community Health (MDCH) will not allow any system changes or updates beginning August 28, 2009 through September 17, 2009. This includes any new enrollments or modifications to existing applications as well as any Domain Administrator functions. Please be aware that all changes or modifications must be completed prior to August 28, 2009 or on or after the Go-live date of September 18, 2009.

July 29, 2009 - Please be advised: As part of the CHAMPS implementation plan, Michigan Department of Community Health (MDCH) will need to migrate all existing suspended claims within the current legacy system into CHAMPS. To accomplish this, a phased approach will be used to reject these claims in the legacy system and later resurrect them in CHAMPS.

Beginning August 12, 2009 (Pay Cycle 32), any suspended claims that have duplicates will be rejected with:

- Proprietary edit 713 (Claim rejected as it is a duplicate of another suspended claim. Do not resubmit.)
- Claim Adjustment Reason Code (CARC) 18 and Remittance Advice Remark Code (RARC) N185
- The oldest original claim will remain suspended in the legacy system. There is no need to submit a new claim. Any remaining suspended claims in the legacy system will be rejected August 26, 2009, (Pay Cycle 34) through September 9, 2009 (Pay Cycle 26) with:
 - Proprietary edit 743 (Claim manually rejected due to technical reasons.
 - CARC 101 and RARC N185

As stated above, please do not resubmit these claims as they will be migrated into CHAMPS.

NOTE: Any claims submitted into the legacy system on or after August 20, 2009, if they suspend, will be automatically rejected with edit 743 and transferred into CHAMPS.

The legacy system will continue to accept and process claims during this transition period until September 9, 2009 at which time the adjudication system will be closed to prepare for CHAMPS implementation.

For further details, please refer to MDCH Numbered Letter, [L 09-19](#), or contact Provider Support through the toll-free phone number at 1-800-292-2550 or via e-mail at ProviderSupport@Michigan.gov.

July 18, 2009- MDCH has identified a systems issue with Inpatient claims incorrectly paying Patient Status 43, 62 & 65. MDCH will be initiating claim adjustments for any claim with Patient Status 43, 62 or 65 with admit dates on/after 1/1/2007. These adjustments should appear on Pay Cycle 29 - RA 7/23/09.

June

June 22, 2009 - As a result of Executive Order 2009-22 mandating State of Michigan furlough days, you could experience a delay in Medicaid payment. To avoid a delay, claims must be submitted one day earlier than the normal schedule. Please be aware, claims must be submitted by noon June 29, 2009 in order to appear on pay cycle 27, dated July 8, 2009.

June 16, 2009 - The April 15, 2009 Biller "B" Aware message instructed providers to submit the Medicare EOB when reporting the Medicare Part C deductible in error. Submission of EOBs is only required when documenting the billing time limit, non-standard payments for traditional Medicare, or for secondary paper claims. When billing electronic claims EOBs are not required when billing Medicare Part C (Medicare Advantage or HMO) or traditional Medicare claims with standard payments. Submitting EOBs will not replace the requirement for CAS codes. Claims without appropriately completed CAS codes will be rejected.

May

May 12, 2009 - Please be advised: Medicaid will no longer accept CO 42 (Contractual Obligation) for all Out Patient Hospital (OPH) Claims as this was ended as of June 2007. In replacement all providers should use the CO 45 when reporting Contractual Obligations. Please make the necessary changes to all OPH claims submitted regardless of the date of service.

May 6, 2009 - Attention Rendering/Servicing Providers: Many providers billing within the professional claim format are reporting the same NPI in both the billing provider and rendering provider loops/fields.

This is not correct. If you are a rendering/servicing provider who renders services on behalf of a group, the biller MUST report the GROUP NPI (Type 2 NPI) in the billing provider loop. Currently, within the legacy system, rendering/servicing only providers are incorrectly receiving payment. This will not happen when CHAMPS goes live, payments will stop if the claims continue to be billed incorrectly!

Within the professional claim format, providers enrolled as rendering/servicing only must report the-group NPI of the billing provider (Type 2 NPI) in Loop 2010AA , Segment NM108, Qualifier 85 for electronic claims (or) Field 33a on the CMS 1500 paper claim form. The rendering provider (Type 1 NPI) must to be reported in Loop 2310B, Segment NM108, Qualifier 82 for electronic claims (or) Field 24J on the CMS 1500 paper claim form.

Within the dental claim format, providers enrolled as rendering/servicing only must report the group NPI of the billing provider (Type 2 NPI) in Loop 2010AA for electronic claims or Field 49 on the ADA 2006 paper claim form. The rendering provider NPI (Type 1 NPI) has to be in Loop 2310B for electronic claims or Field 54 on the ADA 2006 paper form.

May 1, 2009 - Attention Outpatient Hospital Providers: The MDCH has implemented Medicare specific quantity editing. Claims will reject when the reported quantity exceeds Medicare's expected allowable. Rejection code 294R will appear on the line and 841R at the header.

April

April 30, 2009 - Please be advised: Providers who have not completed their Provider Enrollment revalidation in CHAMPS will be end-dated in the Legacy System effective May 1, 2009. Any services provided on and after this date will result in claim rejections. Providers that are end-dated and wish to re-activate their enrollment will need to contact the CHAMPS helpline at 888-643-2408 or CHAMPS@michigan.gov

April 27, 2009 - Due to a systems error the MDCH will initiate claim adjustments for Inpatient Hospital Medicare Secondary claims for dates of service back to 2007, which were paid incorrectly. Hospitals were underpaid because of incorrect logic in the Medicare payment/lesser of determination. We apologize for any inconvenience this may have caused.

April 23, 2009 - Attention Inpatient Hospital providers: At a recent Hospital Work Group meeting providers were informed in Community Health Automated Medicaid Processing System (CHAMPS) they would need to enumerate their Inpatient services separately to receive Medicaid Interim Payments (MIP). Due to a large provider response, MSA is pursuing an enhancement to CHAMPS which will **not** require NPI re- enumeration for MIP.

April 22, 2009 - Due to systems issues, the April Medicare reports from Third Party Liability (TPL) will not be able to be sent out. We apologize for any inconvenience this may have caused.

April 17, 2009 - Attention Outpatient Hospital providers: Systems changes to implement January 2009 OPPS/APC updates have been completed. Claims with February 2009 dates of service have been adjusted and will appear on the remittance advice dated 4/22/09, pay cycle 16.

April 17, 2009 - Attention inpatient hospital providers: A systems error has been identified which caused incorrect adjudication of secondary claims when Medicare part "A" exhausted Medicaid made \$0.0 payment. This issue has been resolved. Claims may be resubmitted.

April 14, 2009 - Attention Practioners, in the event a PACE number is obtained for an elective admission, the number must be reported in Item 23 of the CMS 1500 form. If authorization has also been granted by the Office of Medical Affairs for the same admission, the PA number noted in the letter must be entered in the remarks section of your claim.

April 7, 2009 - The MDCH would like to inform Outpatient hospital providers that systems changes to implement January 2009 OPPTS/APC updates has been completed. Claims with January 2009 dates of service have been adjusted and will appear on the remittance advice dated 4/8/09, pay cycle 14. When claims with February 2009 dates of service are adjusted you will be notified.

April 7, 2009 - Please be advised that providers are receiving 841 and 860 rejections on inpatient claims when they bill with a primary diagnosis code that went into effect 10/1/08. Our system has an error in the logic that is not able to group the claim to price. These rejected claims are for dates of service with admission date of 10/1/08 - 12/31/08. Once this has been fixed a notification will be sent out.

April 2, 2009 - Due to systems issues, the March Medicare reports, dated March 24, 2009, from TPL were sent out in error. Please disregard. We apologize for any inconvenience this may have caused.

March

March 23, 2009 - Due to the many concerns, Third Party Liability has removed all potential claim adjustments for providers: Home Health Agency, Hospice, Private Duty Agency, Family Planning, Local Health Departments, Federally Qualified Health Centers, Tribal Health Centers and Rural Health Centers from our pending claim adjustment process. Providers will be notified of any attempt to restart this process for these providers prior to implementation. We apologize for any inconvenience we unintentionally caused with our new process.

March 19, 2009 - Attention Outpatient Hospital Providers: MDCH would like to inform Outpatient providers that the Jan 2009 APC updates have been completed. The MDCH will initiate claim adjustments for any Outpatient claims with 2009 dates of service that have paid incorrectly.

March 17, 2009 - The following counties have been added to the Michigan Department of Community Health's Bridges program: Allegan, Berrien, Cass, Clinton, Gratiot, Ionia, Jackson, Kalamazoo, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, St Joseph and Van Buren County.

February

February 20, 2009 - Please be advised, the MDCH has added Patient Discharge Status Code 70, used to report discharges or transfers to other types of health care institutions not defined elsewhere in the National Uniform Billing Committee manual.

February 18, 2009 - Attention Outpatient Hospital Providers: MDCH would like to inform Outpatient providers that the Jan 2009 APC updates have not yet been completed. The MDCH will initiate claim adjustments for any Outpatient claims with 2009 dates of service that have paid incorrectly once the implementation of the APC updates are completed.

February 17, 2009 - Ingham County has now been added to the Michigan Department of Human Services (DHS) Bridges program.

February 17, 2009 - Institutional providers billing for CPT code 90378 may have received the 099P 727R in error. The problem has been corrected and MDCH will recycle the claims that were rejected in error.

February 6, 2009 - Providers billing 36415 may encounter erroneous rejections. The error has been identified and corrected. Claims rejected with 761R, 099P and 104P may be resubmitted at this time.

January

January 28, 2009 -In August, 2008, the Michigan Department of Human Services (DHS) kicked off its first pilot County for the Bridges program in Calhoun County. On 1/19/2009 Eaton and Barry counties were added to the Bridges program. Bridges is Department of Human Services' new eligibility and case management system. This on- line system will utilize beneficiary income and assets to determine all assistance programs the beneficiary is eligible for including medical assistance, food assistance, cash assistance and more.

January 26, 2009 -The 841 edit is setting erroneously on inpatient claims. As a result, claims are rejecting in error. A systems correction is required for the claims to process correctly. Providers will be notified when the correction is implemented.

January 21, 2009 - **Please be advised**, providers who submitted claims electronically and received an acknowledgment that their claims submitted on 1/5/09 were accepted; there was a system error which caused the claims to be dropped. The MDCH will internally submit the claims and providers can expect to see them on pay cycle 4 dated 1/28/09.

January 5, 2009 - **Please be advised**: Pay cycle 52 will be issued on 12/23/2008 and will be the last pay date of the year. There will be no pay cycle dated 12/31/2008. The next pay cycle will be Pay cycle 1 which will include both the 12/31/2008 and 1/7/2009 pay cycles. (Originally posted 10/13/08)

[Return to Top](#)